### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 1 of 66

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7                     |
|   | Chapter 11                    |
|   | Chapter 12                    |
|   | Chapter 13                    |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself  |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Emma<br>First name         | First name                                    |
|    | Write the name that is on your government-issued picture identification (for example, your driver's | J<br>Middle name<br>Harris | Middle name                                   |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee.                                 | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last   | First name                 | First name                                    |
|    | 8 years Include your married or   | Middle name                | Middle name                                   |
|    | maiden names.   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social   | XXX - XX- 0672             | xxx - xx-                                     |
|    | Security number or federal Individual   | OR                         | OR  |
|    | Taxpayer<br>Identification number<br>(ITIN)   | 9 xx - xx-                 | 9 xx - xx-                                    |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 2 of 66

| Debtor 1 Emma<br>First Name                            | J<br>Middle Name   | Harris<br>Last Name   | Case number (if known)   |
|--|--|---|--|
|  | About Debtor 1:  |   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                     | I have not used any b  | ousiness names or EINs.   | I have not used any business names or EINs.  |
| Identification Numbers (EIN) you have used in the last | Business name  |   | Business name  |
| 8 years Include trade names and                        | Business name  |   | Business name  |
| doing business as names                                | EIN  |   | EIN  |
|  | EIN  |   | EIN  |
| 5. Where you live                                      | 5327 W Wrightwood, Apt 1   |   | If Debtor 2 lives at a different address:  |
|  | Number Street  |   | Number Street  |
|  | Chicago Illinois<br>City State   | 60639<br>Zip Code   | City State Zip Code  |
|  | Cook<br>County   |   | County   |
|  | If your mailing address<br>above, fill it in here. Not<br>notices to you at this maili | is different from the one te that the court will send an ng address.  | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | Number Street  |   | Number Street  |
|  | City St  | ate Zip Code  | City State Zip Code  |
| 6. Why you are choosing this district                  | Check one:   |   | Check one:   |
| to file for bankruptcy                                 | lived in this district lon   | s before filing this petition, I has need than in any other district. | lived in this district longer than in any other district.  |
|  | I have another reason  | . Explain. (See 28 U.S.C. §§ 1  | 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |

## Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 3 of 66

| Debtor 1 Emma   | J   | Harris   | Case number (if known)   |  |
|---|---|--|--|--|
| First Name  | Middle Name   | Last Name  |  |  |
| Part 2: Tell the Court Abo  | out Your Bankruptcy (   | Case   |  |  |
| 7. The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under   |   | f description of each, see <i>Notice Req</i> 010)). Also, go to the top of page 1 and  |  | Individuals Filing for   |
| 8. How you will pay the fee   | more details about cashier's check, of may pay with a critical pay the Individuals to Pay in a request that my judge may, but is the official poverty you choose this control of the cashier in a second more details about 1 and 1 | ire fee when I file my petition. Pleat how you may pay. Typically, if your money order If your attorney is redit card or check with a pre-printer fee in installments. If you choose y Your Filing Fee in Installments (Confee be waived (You may request not required to, waive your fee, and y line that applies to your family significant, you must fill out the Application if it with your petition. | ou are paying the fee yoursels submitting your payment or ed address.  This option, sign and attach official Form 103A).  This option only if you are fild may do so only if your income and you are unable to pay | f, you may pay with cash, in your behalf, your attorney in the <i>Application for</i> ing for Chapter 7. By law, a some is less than 150% of your the fee in installments). If |
| 9. Have you filed for<br>bankruptcy within the<br>last 8 years?   | Ves. District District District   | When When When   | Case number    MM / DD / YYYY  |  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District  | <u>W</u> hen<br><u>W</u> hen   | Relationship at Case number  MM / DD / YYYY Relationship at Case number  MM / DD / YYYY  | to you   |
| 11. Do you rent your residence?   | ✓ No. Go  | dlord obtained an eviction judgment a  |  |  |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 4 of 66

| Debtor 1                | Emma<br>First Name  |          | J<br>Mid | dle Name  | Harris<br>Last Name     | Case nu                | umber (if known)   |   |  |
|-------------------------|---|----------|----------|---|-------------------------|------------------------|--------------------|---|--|
| Part 3:                 | Report About Any  | Busin    | esses    | You Own a   | s a Sole Proprieto      | r                      |                    |   |  |
| prop                    | ou a sole<br>rietor of any full-  | <b>✓</b> | No.      | Go to Part 4  |                         |                        |                    |   |  |
|                         | ert-time<br>ness?   |          | Yes.     | Name and lo   | ocation of business     |                        |                    |   |  |
| is a b                  | e proprietorship<br>ousiness you  |          |          | Name of bus   | siness, if any          |                        |                    |   |  |
| indivi<br>separ<br>such | ate as an idual, and is not a rate legal entity as a corporation, ership, or LLC. |          |          | Number  | Stre                    | eet                    |                    |   |  |
| one s                   |   |          |          | City  |                         | State                  | Zip Cod            | e   |  |
|                         | rietorship, use a<br>rate sheet and   |          |          | Check the   | appropriate box to a    | lescribe your business | S:                 |   |  |
| attacl                  | h it to this  |          |          | Healt   | h Care Business (as     | defined in 11 U.S.C. § | § 101(27A))        |   |  |
| petiti                  | on.   |          |          | _   |                         | as defined in 11 U.S.C |                    |   |  |
|                         |   |          |          |   |                         | n 11 U.S.C. § 101(534  |                    |   |  |
|                         |   |          |          | Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above  |                         |                        |                    |   |  |
| _                       | you filing under  |          |          |   |                         |                        |                    | debtor so that it can set                                   |  |
| Bank<br>are y           | oter 11 of the cruptcy Code and rou a small ness debtor?                          | shee     | t, state | ment of opera   |                         | ement, and federal inc |                    | ch your most recent balance<br>ny of these documents do not |  |
| For a                   | definition of   | <b>✓</b> | No.      | I am not filing under Chapter 11.  I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |                         |                        |                    |   |  |
|                         | business debtor,<br>1 U.S.C. §  |          | No.      |   |                         |                        |                    |   |  |
| 101(6                   | , (J. 1. J.).   |          | Yes.     | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |                         |                        |                    |   |  |
| Part 4:                 | Report if You Owr   | or H     | ave Aı   | ny Hazardou   | us Property or Any      | Property That Nee      | eds Immediate Atte | ntion   |  |
| 14. Do yo               | ou own or have  | <b>✓</b> | No.      |   |                         |                        |                    |   |  |
|                         | oroperty that<br>s or is alleged to   |          |          | What is the ha  | zard?                   |                        |                    |   |  |
| pose                    | a threat of   | _        |          |   |                         |                        |                    |   |  |
| ident                   | inent and<br>tifiable hazard to<br>c health or                                    |          |          | If immediate a  | ttention is needed, why | y is it needed?        |                    |   |  |
| safet                   | ty? Or do you   |          |          | Where is the p  | roperty?                |                        |                    |   |  |
| that ı                  | any property<br>needs immediate<br>ntion?   |          |          |   | Number                  | Street                 |                    |   |  |
| For e                   | example, do you   |          |          |   |                         |                        |                    |   |  |
| own<br>or liv<br>be fe  | perishable goods,<br>restock that must<br>rd, or a building<br>needs urgent       |          |          |   | City                    |                        | State              | Zip Code  |  |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 5 of 66

 Debtor 1 First Name
 Imma
 J
 Harris
 Case number (if known)

 Last Name
 Last Name

| Pa   | Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling                      |   |   |    |   |   |  |
|--|---|---|---|----|---|---|--|
|  |   | About Debtor 1:   |   | Ab | out Debtor 2 (Sp  | oouse Only in a Joint Case):  |  |
| 15.  | Tell the court  | You must check one:   |   | Yo | u must check one:   |   |  |
|  | whether you have received briefing about credit counseling.                                     | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.   |    | counseling ager   | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a<br>mpletion.   |  |
|  | The law requires that you receive a briefing  |   | he certificate and the payment plan, veloped with the agency.   |    |   | the certificate and the payment plan, eveloped with the agency.   |  |
| a<br>c<br>fi<br>Y<br>c   | about credit<br>counseling before you<br>file for bankruptcy.<br>You must truthfully            | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, but I do not have a<br>inpletion.   |    | counseling ager   | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.  |  |
|  | check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file. |   | er you file this bankruptcy petition, opy of the certificate and payment  |    |   | ter you file this bankruptcy petition, copy of the certificate and payment  |  |
| If you file anyway, the court can dismiss your case, you will lose whatever filing fee you |   | from an approve obtain those ser made my reques                   | sked for credit counseling services<br>red agency, but was unable to<br>ervices during the 7 days after I<br>est, and exigent circumstances<br>temporary waiver of the  |    | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. |   |  |
| (  | paid, and your creditors can begin collection activities again.                                 | requirement, attac<br>efforts you made t<br>unable to obtain it   | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  I am not required to receive a briefing about credit counseling because of: |    | requirement, attace efforts you made unable to obtain it  | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this    |  |
|  |   | with your reasons   |   |    |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.  |  |
|  |   | receive a briefing<br>must file a certifica<br>with a copy of the |   |    | receive a briefing<br>must file a certification<br>with a copy of the   | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |  |
|  |   |   |   |    |   | the 30-day deadline is granted only mited to a maximum of 15 days.  |  |
|  |   |   |   |    | I am not require counseling beca  | d to receive a briefing about credit ause of:   |  |
|  |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |    | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |  |
|  |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.  |    | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.      |  |
|  |   | Active duty.  | I am currently on active military duty in a military combat zone.   |    | Active duty.  | I am currently on active military duty in a military combat zone.   |  |
|  |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.   |    | about credit cour   | are not required to receive a briefing<br>seling, you must file a motion for<br>ounseling with the court.   |  |

## Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 6 of 66

| Debtor 1 Emma   | J<br>Mistalla Nassasa  |  | se number (if known)   |
|---|--|--|--|
| Part 6: First Name  Answer These Que  | Middle Name estions for Reporting Purpos   | Last Name  |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primar "incurred by an individu  No. Go to line 16b.  ✓ Yes. Go to line 17.  16b. Are your debts primar money for a business o  No. Go to line 16c.  ✓ Yes. Go to line 17. | rily consumer debts? Consultual primarily for a personal, faction of the consultural primarily for a personal of the consultural primarily business debts? Business or investment or through the consultural primarily consu | amer debts are defined in 11 U.S.C. § 101(8) as amily, or household purpose."  ss debts are debts that you incurred to obtain operation of the business or investment.  mer debts or business debts. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that No.   |  | any exempt property is excluded and administrative ibute to unsecured creditors?   |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$   | 50 million \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  |
| 20. How much do you<br>estimate your<br>liabilities to be?  |  | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$   | 50 million   |
| Part 7: Sign Below  |  |  |  |
| For you   | correct.  If I have chosen to file under of title 11, United States Coounder Chapter 7.  If no attorney represents me out this document, I have ob I request relief in accordance              | Chapter 7, I am aware that I nde. I understand the relief avairand I did not pay or agree to potained and read the notice receive with the chapter of title 11, U  | United States Code, specified in this petition.  |
|   |  | by case can result in fines up t<br>1, 1519, and 3571.   | ty, or obtaining money or property by fraud in to \$250,000, or imprisonment for up to 20 years, or  |
|   | /s/ Emma Harris Signature of Debtor 1  |  | Signature of Debtor 2  |
|   | Executed on11/1/20   | 17<br>DD / YYYY  | Executed on  |

## Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 7 of 66

| Debtor 1 Emma                                    | J                         | Harris                | Case number (if k            | nown)  |
|--|---------------------------|-----------------------|------------------------------|--|
| First Name                                       | Middle Name               | Last Name             | <u> </u>                     |  |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>I States Code, and have explained the<br>so certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | ired by 11 U.S.C. §   | 342(b) and, in a case in w   | hich § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge afte    | r an inquiry that the | information in the schedu    | ules filed with the petition is incorrect.   |
| attorney, you do not                             | 4.5                       |                       |                              |  |
| need to file this page.                          | /s/ Elizabeth Placek      |                       | Date                         | 11/1/2017  |
|  | Signature of Attorney     | for Debtor            | ——— Mi                       | M / DD / YYYY  |
|  |                           |                       |                              |  |
|  |                           |                       |                              |  |
|  | Elizabeth Placek          |                       |                              |  |
|  | Printed name              |                       |                              |  |
|  | Semrad Law Firm           |                       |                              |  |
|  | Firm name                 |                       |                              |  |
|  | 20 S. Clark Street        |                       |                              |  |
|  | Street                    |                       |                              |  |
|  | 28th Floor                |                       |                              |  |
|  | -                         |                       |                              |  |
|  | Chicago                   |                       | Illinois                     | 60603  |
|  | City                      |                       | State                        | Zip Code   |
|  |                           |                       |                              |  |
|  | Contact phone             | 3124477838            | Email address                | eplacek@semradlaw.com  |
|  |                           |                       |                              |  |
|  |                           |                       | Illinois                     |  |
|  | Bar number                |                       | State                        |  |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 8 of 66

| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | Emma                      | J           | Harris               |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |  |
| Case number (If known)                          |                           |             |                      |  |  |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets   |   |
|---|---|
|   | <b>Your assets</b><br>Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)  | \$0.00                                      |
| 1a. Copy line 55, Total real estate, from Schedule A/B  | 40.00                                       |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$9,255.00                                  |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$9,255.00                                  |
| Part 2: Summarize Your Liabilities  |   |
|   | Your liabilities<br>Amount you owe          |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)   |   |
| 2. Scriedule D. Creditors who have Claims Secured by Property (Chicain Office 1000)   | ¢2 696 00                                   |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  | \$2,686.00                                  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$2,686.00<br>\$0.00                        |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  | <u>. ,</u>                                  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | <u>. ,</u>                                  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00                                      |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00<br>\$15,462.00                       |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00<br>\$15,462.00                       |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00<br>\$15,462.00<br>\$18,148.00        |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00<br>\$15,462.00                       |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00<br>\$15,462.00<br>\$18,148.00        |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 9 of 66

Harris Debtor 1 Emma \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$115.00 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 10 of 66

| Fill in this                           | informatio                          | n to identify your ca  | ase:   |                       |   |                                    |   |   |
|--|-------------------------------------|--|--|-----------------------|---|------------------------------------|---|---|
| Debtor 1                               | Emr                                 | ma   | 1  |                       | Harria  |                                    |   |   |
| Deptor i                               | Emr<br>First                        | t Name   | Middle N   | lame                  | Harris<br>Last Name   |                                    |   |   |
| Debtor 2                               | ,                                   |  |  |                       |   |                                    |   |   |
| (Spouse, if fil                        | ling) First                         | t Name   | Middle N   | lame                  | Last Name   |                                    |   |   |
| United Sta                             | ates Bankru                         | ptcy Court for the:  | Northern   |                       | District of Illinois (State)  |                                    |   |   |
| Case num<br>(If known)                 | ber                                 |  |  |                       |   |                                    |   |   |
| Officia                                | ıl Form                             | n 106A/B   |  |                       |   |                                    |   | Check if this is an amended filing                  |
| Sched                                  | dule A                              | /B: Prope  | rty  |                       |   |                                    |   | 12/1  |
| category v<br>responsibl<br>write your | where you<br>e for supp<br>name and | think it fits best. E<br>lying correct inford<br>I case number (if k | Be as complete a<br>mation. If more s<br>nown). Answer e | nd ac<br>pace<br>very | asset only once. If an asset curate as possible. If two is needed, attach a separquestion.  or Other Real Estate Yo | married people<br>ate sheet to thi | are filing together, both a<br>is form. On the top of any a | are equally   |
|  |                                     |  | _  |                       |   |                                    |   |   |
| 7. DO 900                              | No. Go to                           |  | juitable liitelest i                                     | iii aii               | y residence, building, land   | , or sillinal prop                 | Derty:  |   |
|  | Yes Wher                            | re is the property?  |  |                       |   |                                    |   |   |
| ш                                      |                                     |  |  | Wh                    | at is the property? Check a   | ll that apply.                     | Do not deduct secured                                       | claims or exemptions. Put                           |
| 1.1                                    |                                     |  |  |                       | Single-family home  | arat appry                         | the amount of any secu                                      | red claims on Schedule D:                           |
|  | Street add                          | ress, if available, or   | other description  | П                     | Duplex or multi-unit building   | J                                  |   | nims Secured by Property.                           |
|  |                                     |  |  |                       | Condominium or cooperativ   | е                                  | Current value of the<br>entire property?                    | Current value of the portion you own?               |
|  |                                     |  |  |                       | Manufactured or mobile hom  | ne                                 |   | <u> </u>  |
|  | Number                              | Street   |  | Ш                     | Land  |                                    | Describe the nature of                                      | f your ownership                                    |
|  |                                     |  |  | Н                     | Investment property Timeshare   |                                    | interest (such as fee s                                     | simple, tenancy by                                  |
|  | City                                | State  | Zip Code   | Н                     | Other   | <u></u>                            | the entireties, or a life                                   | e estate), if known.                                |
|  |                                     |  |  |                       | o has an interest in the pro  | operty? Check                      | Check if this is co<br>(see instructions)                   | ommunity property                                   |
|  |                                     |  |  | one                   | Debtor 1 only   |                                    |   |   |
|  |                                     |  |  | П                     | Debtor 2 only   |                                    |   |   |
|  |                                     |  |  |                       | Debtor 1 and Debtor 2 only  |                                    |   |   |
|  |                                     |  |  | П                     | At least one of the debtors a   | nd another                         |   |   |
|  |                                     |  |  |                       | er information you wish to<br>perty identification numbe  |                                    | item, such as local   |   |
| If you                                 | own or hav                          | ve more than one, lis  | st here:   | μ. σ                  | po  | ·· <u>·</u>                        |   |   |
|  |                                     |  |  | Wh                    | at is the property? Check a   | ll that apply.                     |   | claims or exemptions. Put                           |
| 1.2                                    | Street add                          | ress, if available, or   | other description  | Ш                     | Single-family home  |                                    |   | red claims on Schedule D: aims Secured by Property. |
|  |                                     |  |  |                       | Duplex or multi-unit building   |                                    | Current value of the  | Current value of the                                |
|  |                                     |  |  | Щ                     | Condominium or cooperativ  Manufactured or mobile hon   |                                    | entire property?  | portion you own?                                    |
|  |                                     |  |  | H                     | Land  | 116                                |   |   |
|  | Number                              | Street   | _  | H                     | Investment property   |                                    | Describe the nature o                                       |   |
|  |                                     |  |  |                       | Timeshare   |                                    | interest (such as fee s<br>the entireties, or a life        |   |
|  | City                                | State  | Zip Code   |                       | Other   |                                    |   |   |
|  |                                     |  |  | <b>Wh</b>             | o has an interest in the pro  | pperty? Check                      | Check if this is co<br>(see instructions)                   | ommunity property                                   |
|  |                                     |  |  |                       | Debtor 1 only   |                                    | ш   |   |
|  |                                     |  |  | П                     | Debtor 2 only   |                                    |   |   |
|  |                                     |  |  |                       | Debtor 1 and Debtor 2 only  |                                    |   |   |
|  |                                     |  |  |                       | At least one of the debtors a   | nd another                         |   |   |
|  |                                     |  |  |                       | er information you wish to<br>perty identification numbe  |                                    | item, such as local   |   |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 11 of 66

| Debtor 1  | Emma<br>First Name   | J<br>Middle Name                      | Harris<br>Last Name   | Case number      | (if known)  |  |
|-----------|--|---------------------------------------|---|------------------|---|--|
| 1.3       | et address, if available, or ot                                |                                       | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land               | apply.           | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own? |
| Nun       | nber Street State  | Zip Code                              | Investment property Timeshare Other   | _                | Describe the nature o interest (such as fee s the entireties, or a life | imple, tenancy by  |
|           |  |                                       | Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an Other information you wish to add | other            | (see instructions)  | mmunity property   |
|           | the dollar value of the pove attached for Part 1. Wr           | tion you own for<br>ite that number l | <b>.</b>  | uding any entrie | s for pages   |  |
| Do you ow |  | equitable interes                     | st in any vehicles, whether they are<br>also report it on Schedule G: Executo   |                  |   |  |
|           | ns, trucks, tractors, sport ut                                 |                                       |   | ny contracts and | onexpiled Leases.   |  |
| 3.1       | Make<br>Model:<br>Year:  | Toyota<br>Corolla LE<br>2013<br>65000 | Who has an interest in the proone.  Debtor 1 only   | perty? Check     | the amount of any secu  | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.                                      |
|           | Approximate mileage: Other information: 2013 Toyota Corolla LE | 83000                                 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community  |                  | Current value of the entire property?<br>\$6125.00                      | Current value of the portion you own?<br>\$6125.00   |
| 3.2       | Make<br>Model:<br>Year:  |                                       | who has an interest in the proone. Debtor 1 only  | perty? Check     | the amount of any secu  | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.   |
|           | Approximate mileage: Other information:                        |                                       | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  |                  | Current value of the entire property?                                   | Current value of the portion you own?  |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 12 of 66

| 3.3                       | First Name   |             |   |   |   |  |
|---------------------------|--|-------------|---|---|---|--|
|                           | i i st i vaine   | Middle Name | Last Name   |   |   |  |
|                           | Make   |             | Who has an interest in the pro  | perty? Check  |   | claims or exemptions. P  |
|                           | Model:   |             | one.  |   |   | red claims on <i>Schedule</i><br>aims Secured by Property  |
|                           | Year:  |             | Debtor 1 only   |   | Creditors Willo Have Cla  | uills secured by Floperty  |
| 4                         | Approximate mileage:   |             | Debtor 2 only   |   | Current value of the  | Current value of the   |
| (                         | Other information:   |             | Debtor 1 and Debtor 2 only  |   | entire property?  | portion you own?   |
|                           |  |             | At least one of the debtors ar  | nd another  |   |  |
|                           |  |             | Check if this is community  | property (see   |   |  |
|                           |  |             | instructions)   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                     |   |  |
| 3.4                       | Make   |             | Who has an interest in the pro  | perty? Check  | Do not deduct secured   | claims or exemptions. P  |
| 1                         | Model:   |             | one.  |   | •   | red claims on Schedule   |
|                           | Year:  |             | Debtor 1 only   |   | Creditors Who Have Cla  | nims Secured by Property   |
|                           | Approximate mileage:   |             | Debtor 2 only   |   | Current value of the  | Current value of the   |
|                           | Other information:   |             | Debtor 1 and Debtor 2 only  |   | entire property?  | portion you own?   |
|                           |  |             | At least one of the debtors ar  | nd another  |   |  |
|                           |  |             | Check if this is community  | property (see   |   |  |
|                           |  |             | instructions)   |   |   |  |
| Exam                      |  |             | ner recreational vehicles, other ve<br>ft, fishing vessels, snowmobiles, mot  |   |   |  |
| Example N                 | ples: Boats, trailers, motor<br>No<br>⁄es<br>Make  |             | ner recreational vehicles, other ve<br>ft, fishing vessels, snowmobiles, mot<br>Who has an interest in the pro  | torcycle accessori  | Do not deduct secured   |  |
| Exam                      | ples: Boats, trailers, motor<br>No<br>⁄es  |             | who has an interest in the pro  | torcycle accessori  | Do not deduct secured the amount of any secu  | red claims on <i>Schedule</i>  |
| Exam                      | ples: Boats, trailers, motor<br>No<br>/es<br>Make<br>Model:  |             | who has an interest in the proone.  Debtor 1 only   | torcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | claims or exemptions. Pured claims on Schedule hims Secured by Property  |
| Exam<br>✓ N<br>☐ Y<br>4.1 | ples: Boats, trailers, motor<br>No<br>/es<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only   | torcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule<br>nims Secured by Property<br>Current value of the  |
| Exam<br>✓ N<br>☐ Y<br>4.1 | ples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:   |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 2 only   | torcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>iims Secured by Property   |
| Exam<br>✓ N<br>☐ Y<br>4.1 | ples: Boats, trailers, motor<br>No<br>/es<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar  | torcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule<br>nims Secured by Property<br>Current value of the  |
| Exam<br>✓ N<br>☐ Y<br>4.1 | ples: Boats, trailers, motor<br>No<br>/es<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 2 only   | torcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule hims Secured by Property  Current value of the  |
| Exam  N  1  Y  4.1        | ples: Boats, trailers, motor<br>No<br>/es<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar  Check if this is community  | operty? Check  nd another  y property (see                  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule<br>nims Secured by Property<br>Current value of the  |
| Exam N N 4.1 4.2          | ples: Boats, trailers, motors No /es  Make Model: Year: Approximate mileage: Other information:  Make Model:                           |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar  Check if this is community instructions)   | operty? Check  nd another  y property (see                  | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.  | claims on Schedule sims Secured by Property  Current value of the portion you own?  claims or exemptions. Pared claims on Schedule   |
| Exam  N  1  4.1           | ples: Boats, trailers, motors No /es  Make Model: Year: Approximate mileage: Other information:  Make Model: Year:                     |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the pro  | operty? Check  nd another  y property (see                  | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.  | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P  |
| Exam  N  1  4.1           | ples: Boats, trailers, motors No /es  Make Model: Year: Approximate mileage: Other information:  Make Model:                           |             | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone.  | operty? Check  nd another  y property (see                  | Do not deduct secured the amount of any secu Creditors Who Have Clas  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P  |
| Exam N 1 4.1 4.2          | ples: Boats, trailers, motors No /es  Make Model: Year: Approximate mileage: Other information:  Make Model: Year:                     |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar instructions)  Who has an interest in the proone.  Debtor 1 and Debtor 2 only  At least one of the debtors ar instructions)  | operty? Check  nd another  y property (see                  | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P hired claims on Schedule hims Secured by Property                      |
| Exam N 1 4.1 4.2          | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: |             | who has an interest in the proone.  Debtor 1 and Debtor 2 only  Debtor 3 and Debtor 2 only  At least one of the debtors are  Check if this is community instructions)  Who has an interest in the proone.  Debtor 1 only  | operty? Check  nd another property (see                     | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule hims Secured by Property  Current value of the |
| Exam N 1 4.1 4.2          | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: |             | who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone.  Debtor 1 and Debtor 2 only Debtor 2 only at least one of the debtors ar Debtor 1 only instructions)  Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only | operty? Check  nd another  property! Check  property! Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule hims Secured by Property  Current value of the |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 13 of 66

| De       | btor 1                   |                                | J   | Harris                                | Case number (if known)           |  |
|----------|--------------------------|--------------------------------|---|---------------------------------------|----------------------------------|--|
|          | _                        | First Name                     | Middle Name   | Last Name                             |                                  |  |
| Par      | t 3:                     | Describe Y                     | our Personal and Household  | Items                                 |                                  |  |
| Do       | you                      | own or hav                     | e any legal or equitable inter  | est in any of the following           | ng items?                        | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          |                          | _                              | and furnishings   | 200,400                               |                                  |  |
|          | .xampi<br>No             | ies. Major app                 | liances, furniture, linens, china, kitch  | renware                               |                                  |  |
| ш        |                          | escribe                        | Used Furniture  |                                       |                                  | \$1000.00  |
|          |                          | ronics                         | and a discount of the state of | and all all and a second and a second |                                  |  |
|          | xampı<br>No              | les: Television                | s and radios; audio, video, stereo, a   | nd digital equipment; compu           | ters, printers, scanners; music  |  |
| V        | Yes. D                   | escribe                        | Used Electronics - 2 TV's, 1 Cell Ph  | one                                   |                                  | \$600.00   |
|          |                          | ctibles of val                 |   |                                       |                                  | 1  |
| E        | Exampl                   | •                              | and figurines; paintings, prints, or ot<br>in, or baseball card collections; othe   |                                       | • •                              |  |
|          | No<br>Voc. D             | )oo orib o                     |   |                                       |                                  | 1  |
| ш        | Tes. L                   | escribe                        |   |                                       |                                  |  |
|          |                          | les: Sports, ph                | rts and hobbies<br>otographic, exercise, and other hob<br>s; carpentry tools; musical instrume  |                                       | tables, golf clubs, skis; canoes |  |
| ✓        | No                       |                                |   |                                       |                                  |  |
|          | Yes. D                   | escribe                        |   |                                       |                                  |  |
|          | <b>). Fire</b><br>Exampl |                                | es, shotguns, ammunition, and rela  | ated equipment                        |                                  | 1  |
| <b>✓</b> | No                       |                                |   |                                       |                                  |  |
|          | Yes. D                   | escribe                        |   |                                       |                                  |  |
|          | I. Clot<br>Exampl        |                                | clothes, furs, leather coats, designer  | wear, shoes, accessories              |                                  | 1  |
|          | No                       |                                |   |                                       |                                  |  |
| ✓        | Yes. D                   | escribe                        | Used Clothing   |                                       |                                  | \$400.00   |
| E        | -                        | -                              | ewelry, costume jewelry, engageme<br>r  | nt rings, wedding rings, heirlo       | oom jewelry, watches, gems,      |  |
| ш        | No<br>Yes D              | escribe                        | Misc Jewelry  |                                       |                                  | 1 .  |
| <b>✓</b> | 100. D                   |                                | IVIIOO OGW GII Y  |                                       |                                  | \$20.00  |
|          |                          | -farm animal<br>les: Dogs, cat | s, birds, horses  |                                       |                                  |  |
| <b>✓</b> | No                       |                                |   |                                       |                                  | _  |
|          | Yes. D                   | escribe                        |   |                                       |                                  |  |
| 14       | 1. Any                   | other persor                   | al and household items you did r  | not already list, including a         | ny health aids you did not list  | 1  |
| <b>✓</b> | No                       |                                |   |                                       |                                  |  |
|          | Yes. D                   | escribe                        |   |                                       |                                  |  |
|          |                          |                                | lue of all of your entries from Pa  |                                       |                                  | \$2320.00  |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 14 of 66

| Debt   | tor 1 Emma                                      | J   | Harris                      | Case number (if known)                                    |  |
|--------|---|---|-----------------------------|---|--|
|        | First Name                                      | Middle Name   | Last Name                   |   |  |
| Part 4 | 4: Describe Your                                | Financial Assets  |                             |   |  |
| Doy    | you own or have an                              | ny legal or equitable interest  | in any of the following     | )?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16.    |   |   |                             |   |  |
| E      | <b>✓</b> No                                     | ave in your wallet, in your home, ir  | ·                           |   |  |
|        |   |   |                             | Cash:   |  |
| 17.    |   | avings, or other financial accounts<br>nstitutions. If you have multiple ac |                             | res in credit unions, brokerage houses, ution, list each. |  |
|        | No ✓ Yes  |   | Institution name:           |   |  |
|        |   | 17.1. Checking account:   | Chase                       |   | \$10.00  |
|        |   | 17.2. Checking account:   |                             |   |  |
|        |   | 17.3. Savings account:  |                             |   |  |
|        |   | 17.4. Savings account:  |                             |   |  |
|        |   | 17.5. Certificates of deposit:  |                             |   |  |
|        |   | 17.6. Other financial account:  |                             |   |  |
|        |   | 17.7. Other financial account:  |                             |   |  |
|        |   | 17.8. Other financial account:  |                             |   |  |
|        |   | 17.9. Other financial account:  |                             |   |  |
| 18.    |   | or publicly traded stocks<br>s, investment accounts with broken             | rage firms, money market ac | ecounts   |  |
|        | ✓ No  Yes                                       | Institution or issuer name:   |                             |   |  |
|        |   |   |                             |   |  |
|        |   |   |                             |   |  |
| 19.    | Non-publicly traded s<br>an LLC, partnership,   |   | ted and unincorporated b    | ousinesses, including an interest in                      |  |
|        | ✓ No  Yes. Give specific information about them | Name of entity  |                             | % of ownership:   |  |
|        | uiciii  |   |                             |   |  |
|        |   |   |                             |   |  |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 15 of 66

| Debt | tor 1 Emma  | J   | Harris                     | Case number (if known)                      |          |
|------|---|---|----------------------------|---|----------|
|      | First Name  | Middle Name   | Last Name                  |   |          |
| 20.  | Government and corp<br>Negotiable instruments<br>Non-negotiable instrum  No |   |                            |   |          |
|      | Yes. Give specific information about them                                   | Issuer name:  |                            |   |          |
|      |   |   |                            |   |          |
| 21.  | Retirement or pension   | <br>n accounts  |                            |   |          |
|      | Examples: Interests in II   |   | , thrift savings account   | s, or other pension or profit-sharing plans |          |
|      | ✓ No  Yes. List each  | Type of account:  | Institution name:          |   |          |
|      | account   | 401(k) or similar plan:   |                            |   |          |
|      | separately.   | Pension plan:   |                            |   |          |
|      |   | IRA:  |                            |   |          |
|      |   | Retirement account:   |                            |   |          |
|      |   | Keogh:  |                            |   |          |
|      |   | Additional account:   |                            |   |          |
|      |   | Additional account:   |                            |   |          |
| 22.  |   | prepayments d deposits you have made so that with landlords, prepaid rent, public |                            |   |          |
|      | Yes   | Electric:   |                            |   |          |
|      |   | Gas:  |                            |   |          |
|      |   | Heating oil:  |                            |   |          |
|      |   | Security deposit on rental unit:  | w/ lanlord                 |   | \$800.00 |
|      |   | Prepaid rent:   |                            |   |          |
|      |   | Telephone:  |                            |   |          |
|      |   | Water:  |                            |   |          |
|      |   | Rented furniture:   |                            |   |          |
|      |   | Other:  |                            |   |          |
| 23.  | _   | or a periodic payment of money to   | you, either for life or fo | or a number of years)                       |          |
|      | ✓ No  Yes   | Issuer name and description:  |                            |   |          |
|      |   |   |                            |   | _        |
|      |   |   |                            |   |          |
|      |   |   |                            |   |          |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 16 of 66

| Debt | or 1 Emma  | J Harris Case number (if known)   |  |
|------|--|---|--|
|      | First Name   | Middle Name Last Name   |  |
| 24.  |  | an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 530(b)(1), 529A(b), and 529(b)(1).   |  |
|      | ✓ No  Yes  | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):  |  |
|      |  |   |  |
|      |  |   |  |
| 25.  |  | able or future interests in property (other than anything listed in line 1), and rights or powers<br>or your benefit  |  |
|      | ✓ No  Yes. Desc  | orihe   |  |
|      | 163. 2630  |   |  |
| 26.  |  | yrights, trademarks, trade secrets, and other intellectual property ernet domain names, websites, proceeds from royalties and licensing agreements  |  |
|      | √ No   |   |  |
|      | Yes. Desc  | pribe   |  |
| 27.  |  | nchises, and other general intangibles  |  |
|      | Examples: Bui  | ilding permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  |  |
|      | Yes. Desc  | cribe   |  |
|      |  |   |  |
|      |  |   |  |
| Mor  | ney or proper  | rty owed to you?  | Current value of the portion you own? Do not deduct secured claims or exemptions.            |
|      | ney or proper  |   | portion you own?  Do not deduct secured  |
|      | Tax refunds ov   |   | portion you own? Do not deduct secured   |
|      | Tax refunds ov  No Yes. Give s abou you a  | specific information It them, including whether already filed the returns  Federal:  State:   | portion you own? Do not deduct secured claims or exemptions.                                 |
| 28.  | Tax refunds ov  No Yes. Give s abou you a and t  | specific information It them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.                                 |
| 28.  | Tax refunds ov  No Yes. Give s abou you a and t  | specific information It them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00           |
| 28.  | Tax refunds ov  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information It them, including whether already filed the returns the tax years  Local:  rt t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement               | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00         |
| 28.  | Tax refunds ov  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information It them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00           |
| 28.  | Tax refunds ov  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information  It them, including whether already filed the returns the tax years  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00         |
| 28.  | Tax refunds ov  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information It them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 |
| 28.  | Tax refunds ov  ✓ No  ☐ Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No ☐ Yes. Give s                            | specific information It them, including whether already filed the returns the tax years  It to due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement specific information | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp       | specific information  It them, including whether already filed the returns the tax years  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds ov  No  Yes. Give s abou you a and t  Family suppor Examples: Past  No  Yes. Give s  Other amount Examples: Unp Soci | specific information  If them, including whether already filed the returns the tax years  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds ov  No Yes. Give s abou you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soci   | specific information  If them, including whether already filed the returns the tax years  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 17 of 66

| Deb <sup>1</sup> | tor 1 Emma  | J  | Harris  | Case number (if known)                            |  |
|------------------|---|--|---|---|--|
|                  | First Name  | Middle Name  | Last Name   |   |  |
| 31.              | Interests in insurance<br>Examples: Health, disab |  | savings account (HSA); credit,                            | nomeowner's, or renter's insurance                |  |
|                  | No Yes. Name the insu of each policy and          | irance company   | ompany name:  | Beneficiary:                                      | Surrender or refund value:   |
| 32.              |   |  |   | cy, or are currently entitled to receive          |  |
|                  | Yes. Describe                                     |  |   |   |  |
| 33.              |   | parties, whether or not you<br>mployment disputes, insurar | have filed a lawsuit or made ace claims, or rights to sue | a demand for payment                              |  |
| 34.              | Other contingent and to set off claims            | unliquidated claims of ev                                  | ery nature, including counter                             | claims of the debtor and rights                   |  |
|                  | ✓ No Yes. Describe                                |  |   |   |  |
| 35.              | Any financial assets y                            | ou did not already list                                    |   |   |  |
|                  | Ves. Describe                                     |  |   |   |  |
| 36.              |   | -  | art 4, including any entries f                            |   | \$810.00   |
| Part             | 5: Describe Any B                                 | usiness-Related Prope                                      | rty You Own or Have an I                                  | nterest In. List any real estate in Part          | 1.   |
| 37.              | Do you own or have a                              | ny legal or equitable inter                                | est in any business-related p                             | roperty?  |  |
|                  | No. Go to Part 6. Yes. Go to line 38.             |  |   | pc<br>Do  | urrent value of the ortion you own? o not deduct secured claims exemptions |
| 38.              | Accounts receivable                               | or commissions you alread                                  | y earned  |   |  |
|                  | No Yes. Describe                                  |  |   |   |  |
| 39.              | Office equipment, furr<br>Examples: Business-rela |  | odems, printers, copiers, fax m                           | achines, rugs, telephones, desks, chairs, electro | onic devices   |
|                  | No Yes. Describe                                  |  |   |   |  |
|                  |   |  |   |   |  |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 18 of 66

| Deb <sup>1</sup> | otor 1 Emma J                            | Harris  | Case number (if known)        |                              |
|------------------|--|---|-------------------------------|------------------------------|
|                  | First Name M                             | iddle Name Last Name                                |                               |                              |
| 40.              | Machinery, fixtures, equipment, sup      | plies you use in business, and tools of your t      | rade                          |                              |
|                  | <b>✓</b> No                              |   |                               |                              |
|                  |  |   |                               |                              |
|                  | Yes. Describe                            |   |                               |                              |
|                  |  |   |                               |                              |
| /11              | Inventory                                |   |                               |                              |
| 41.              | inventory                                |   |                               |                              |
|                  | ✓ No                                     |   |                               |                              |
|                  | Yes. Describe                            |   |                               |                              |
|                  |  |   |                               |                              |
|                  |  |   |                               |                              |
| 42.              | Interests in partnerships or joint ver   | ntures  |                               |                              |
|                  | ✓ No                                     |   |                               |                              |
|                  |  | Name of entity:                                     | % of ownership:               |                              |
|                  | Yes. Give specific information about     |   |                               |                              |
|                  | them                                     |   |                               |                              |
|                  |  |   |                               |                              |
|                  |  |   |                               |                              |
|                  |  |   |                               |                              |
| 43. (            | Customer lists, mailing lists, or other  | compilations  |                               |                              |
|                  | <b>✓</b> No                              |   |                               |                              |
|                  |  | ly identifiable information (as defined in 11 U.S.C | C 8 101(41A))?                |                              |
|                  | Tes. Bo your lists include persona       | iy identinable information (as defined in 11 0.5.c. | 5. § 101(4179):               |                              |
|                  | No                                       |   |                               |                              |
|                  | Yes. Describe                            |   |                               |                              |
|                  |  |   |                               |                              |
| 44.              | Any business-related property you o      | lid not already list                                | ·                             |                              |
|                  | _  |   |                               |                              |
|                  | ✓ No                                     |   |                               | <u> </u>                     |
|                  | Yes. Give specific                       |   |                               |                              |
|                  | information                              |   |                               |                              |
|                  |  |   |                               |                              |
|                  |  |   |                               |                              |
|                  |  |   |                               |                              |
|                  |  |   |                               |                              |
|                  |  |   |                               | <del></del>                  |
|                  |  |   |                               |                              |
|                  |  |   |                               |                              |
| 45. A            | add the dollar value of all of your entr | es from Part 5, including any entries for pag       | es you have attached          |                              |
|                  |  |   |                               |                              |
| <u> </u>         |  |   |                               |                              |
| Part             |  | mmercial Fishing-Related Property Yo                | u Own or Have an Interest In. |                              |
|                  | If you own or have an interest in farml  | and, list it in Part 1.                             |                               |                              |
| 46.              | Do you own or have any legal or equ      | uitable interest in any farm- or commercial fi      | ishing-related property?      |                              |
|                  | No. Go to Part 7.                        |   |                               | Current value of the         |
|                  |  |   |                               | portion you own?             |
|                  | Yes. Go to line 47.                      |   |                               | Do not deduct secured claims |
|                  |  |   |                               | or exemptions                |
| 47.              | Farm animals                             | ad figh   |                               |                              |
|                  | Examples: Livestock, poultry, farm-rais  | EU IISII  |                               |                              |
|                  | <b>✓</b> No                              |   |                               |                              |
|                  | Yes. Describe                            |   |                               |                              |
|                  |  |   |                               |                              |
| 1                |  |   |                               |                              |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 19 of 66

| Debt         | tor 1 Emma<br>First Name   |  | Harris<br>Last Name     | Case number (if known)         |             |
|--------------|----------------------------|--|-------------------------|--------------------------------|-------------|
| 48.          | Crops-either growing       | or harvested                             |                         |                                |             |
|              | No Yes. Describe           |  |                         |                                |             |
| 49.          | Farm and fishing equi      | <br>pment, implements, machinery, fixtur | es, and tools of trade  |                                |             |
|              | <b>✓</b> No                |  |                         |                                |             |
|              | Yes. Describe              |  |                         |                                |             |
| 50.          | Farm and fishing supp      | lies, chemicals, and feed                |                         |                                |             |
|              | <b>✓</b> No                |  |                         |                                |             |
|              | Yes. Describe              |  |                         |                                |             |
|              |                            |  |                         |                                |             |
| 51.          |                            | rcial fishing-related property you did   | not aiready list        |                                |             |
|              | ✓ No  Yes. Describe        |  |                         |                                |             |
|              |                            |  |                         |                                |             |
|              |                            | II of your entries from Part 6, includin |                         | u have attached                |             |
| <b>&gt;</b>  |                            |  |                         | L                              |             |
|              |                            |  |                         |                                |             |
| Part 1       | 7: Describe All Pro        | perty You Own or Have an Inter           | est in That You Did Not | List Above                     |             |
| 53.          |                            | perty of any kind you did not already    | list?                   |                                |             |
|              | ✓ No                       | s, country club membership               |                         |                                |             |
|              | Yes. Give specific         |  |                         |                                |             |
|              | information                |  |                         |                                |             |
|              |                            |  |                         |                                |             |
| 54 A         | dd the dollar value of a   | II of your entries from Part 7. Write th | nat number here         |                                | •           |
| O-1. A       | ad the donar value of a    | in or your entires from runt 7. write th | iat number nere         |                                |             |
|              |                            |  |                         |                                |             |
|              |                            |  |                         |                                |             |
| D. 1         | o List the Totals of       | f Each Part of this Form                 |                         |                                |             |
| Part         | Elst the Totals o          | Each Part of this Form                   |                         |                                |             |
| 55. <b>F</b> | Part 1: Total real estate  | e, line 2                                |                         | <b>&gt;</b>                    |             |
| 56. <b>r</b> | oart 2 total vehicles, lin | ne 5                                     | \$6125.00               |                                |             |
| 57. <b>P</b> | art 3: Total personal a    | nd household items, line 15              | \$2320.00               |                                |             |
| 58. <b>P</b> | art 4: Total financial as  | ssets, line 36                           | \$810.00                |                                |             |
| 59. <b>F</b> | Part 5: Total business-r   | elated property, line 45                 |                         |                                |             |
| 60. <b>F</b> | Part 6: Total farm- and    | fishing-related property, line 52        |                         |                                |             |
| 61. <b>F</b> | Part 7: Total other prop   | erty not listed, line 54                 |                         |                                |             |
| 62.1         | Fotal personal property    | . Add lines 56 through 61                | \$9255.00               | Copy personal property total ▶ | + \$9255.00 |
|              |                            |  |                         |                                | \$9255.00   |
| 63. <b>T</b> | otal of all property on §  | Schedule A/B. Add line 55 + line 62      |                         |                                |             |

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 20 of 66

| Debtor 1 | Emma       | J           | Harris    | Case number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | Firet Name | Middle Name | Last Namo | ·                      |

### Schedule A/B: Property. Additional page

| Part 3: Describe    | Part 3: Describe Your Personal and Household Items                |  |  |  |  |  |  |
|---------------------|---|--|--|--|--|--|--|
| Do you own or ha    | ve any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |  |  |
| 6.2. Household good | ds and furnishings  |  |  |  |  |  |  |
| No                  |   |  |  |  |  |  |  |
| Yes. Describe       | Used Furniture  | \$300.00   |  |  |  |  |  |

#### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 21 of 66

| Fill in this information to identify your case: |            |             |                      |   |  |
|---|------------|-------------|----------------------|---|--|
| Debtor 1  | Emma       | J           | Harris               |   |  |
|   | First Name | Middle Name | Last Name            | _ |  |
| Debtor 2  |            |             |                      |   |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |   |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |   |  |
|   |            |             | (State)              |   |  |
| Case number<br>(If known)                       | -          |             |                      |   |  |

#### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa   | Identify the Property You Clair   | n as Exempt  |   |  |  |  |  |  |  |
|--|---|--|---|--|--|--|--|--|--|
| 1.   |   |  |   |  |  |  |  |  |  |
| You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |   |  |   |  |  |  |  |  |  |
|  | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(  | 2)  |  |  |  |  |  |  |
| 2.   | For any property you list on Schedule A   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |  |  |  |  |  |  |
|  | Brief description of the property and line on Schedule A/B that lists this property           | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B                  | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption           |  |  |  |  |  |
|  | Brief description: Toyota Corolla LE, 2013, 2013 Toyota Corolla LE Line from Schedule A/B: 03 | \$6,125.00   | \$2,400.00; \$2,270.00  100% of fair market value, up to any applicable statutory limit             | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |  |  |  |  |  |
|  | Brief   |  |   | 735 ILCS 5/12-1001(b)                        |  |  |  |  |  |
|  | description:  | \$300.00   | \$300.00  |  |  |  |  |  |  |
|  | Used Furniture  |  | 100% of fair market value, up to any  | _  |  |  |  |  |  |
|  | Line from Schedule A/B: 06  |  | applicable statutory limit  |  |  |  |  |  |  |
| 3.   | <b>✓</b> No   | ery 3 years after that for   | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |  |  |  |  |  |  |

#### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 22 of 66

Debtor 1 Emma Harris Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$600.00 description: **✓** \$600.00 Used Electronics - 2 TV's, 1 Cell Phone 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(a) Brief \$400.00 description: **V** \$400.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 11 735 ILCS 5/12-1001(b) Brief \$20.00 description: \$20.00 Misc Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) \$10.00 description: **✓** \$10.00 Checking account, 100% of fair market value, up to any Chase applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$800.00 description: **✓** \$800.00 Security deposit on 100% of fair market value, up to any rental unit, w/ lanlord

applicable statutory limit

Line from Schedule A/B:

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main

|   |  | Do                                       | cument Page 23 of   | 66  |   |                                    |
|---|--|--|---|---|---|------------------------------------|
| Fill in thi   | is information to identify your ca   | ase:                                     |   |   |   |                                    |
| Debtor 1  | I Emma   | J  | Harris  |   |   |                                    |
|   | First Name   | Middle Name                              | Last Name   |   |   |                                    |
| Debtor 2<br>(Spouse, if   |  | Middle Name                              | Last Name   |   |   |                                    |
| United S  | States Pankruntov Court for the  | Northern                                 | District of Illinois  |   |   |                                    |
| Officed 3   | States Bankruptcy Court for the:   | Northern                                 | (State)   |   |   |                                    |
| Case nu   | mber   |  | · ·   |   |   |                                    |
|   | cial Form 106D   |  |   |   |   | Check if this is an amended filing |
| Sch   | edule D: Credit  | ors Who Hav                              | ve Claims Secur   | ed by Prop  | ertv  | 12/15                              |
| more spa  | ace is needed, copy the Addition of the contract of the contra | onal Page, fill it out, nun              | e are filing together, both are equiper the entries, and attach it to | •   |   |                                    |
| 1. <b>Do</b>  | any creditors have claims s  | ecured by your proper                    | ty?   |   |   |                                    |
|   | No. Check this box and subr  | nit this form to the court v             | vith your other schedules. You ha                                     | ve nothing else to rep  | ort on this form.                                     |                                    |
| <b>✓</b>  | Yes. Fill in all of the informatio   | n below.                                 |   |   |   |                                    |
| Part 1:   | List All Secured Claims  |  |   |   |   |                                    |
| List All Secured claims. If a creditor has more than one secured claim separately for each claim. If more than one creditor has a particular claim in Part 2. As much as possible, list the claims in alphabetical order acconname. |  |  | cicular claim, list the other creditors                               | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
|   | B/ROOMPLCE   | - Describe the property                  | that secures the claim:   | \$2,686.00  | \$1,000.00  | \$1,686.00                         |
| 1   | reditor's Name<br>1653 E MAIN ST   | CreditCard                               |   | 1   |   |                                    |
| _   | Number Street  | _  | , the claim is: Check all that apply.                                 | _   |   |                                    |
| _   |  | Contingent                               |   |   |   |                                    |
| <u>c</u>  | OLUMBUS OH 43251   | Unliquidated                             |   |   |   |                                    |
|   | ity State ZIP Code  Vho owes the debt? Check one.  | Disputed                                 |   |   |   |                                    |
| _   | Debtor 1 only  | Nature of lien. Check a                  | ıll that apply.   |   |   |                                    |
| Ė   | Debtor 2 only  | An agreement you                         | made (such as mortgage or secured                                     |   |   |                                    |
| Ī   | Debtor 1 and Debtor 2 only   | car loan)                                |   |   |   |                                    |
| ן בֿ  | At least one of the debtors and another  | Statutory lien (such  Judgment lien from | as tax lien, mechanic's lien)   |   |   |                                    |
|   | Check if this claim relates to a community debt  | H '                                      | ght to offset) Furniture Loan   |   |   |                                    |
| D   | ate debt was 12/2015   | Last 4 digits of accoun                  | nt number 9265  |   |   |                                    |

Add the dollar value of your entries in Column A on this page. Write that number

incurred

here:

\$2,686.00

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 24 of 66

| Fill in this in  | formation to identify your ca  | ise:  |   |  |   |
|--|--|---|---|--|---|
| Debtor 1   | Emma   | J   | Harris  |  |   |
|  | First Name   | Middle Name   | Last Name   |  |   |
| Debtor 2   |  |   |   |  |   |
| (Spouse, if filin  | g) First Name  | Middle Name   | Last Name   |  |   |
| United State   | es Bankruptcy Court for the:   | Northern  | District of Illinois  |  |   |
|  |  |   | (State)   |  |   |
| Case numb<br>(If known)  | er   |   |   |  |   |
| Official   | Form 106E/F  |   |   |  | Check if this is an amended filing  |
| Official   | TOTTI TOOL/T   |   |   |  |   |
| Sche   | dule E/F: Cre  | ditors Who  | <b>Have Unsec</b>   | cured Claims   | 12/15   |
| other party<br>Form 106A/<br>claims that<br>the entries<br>known). | to any executory contracts<br>B) and on Schedule G: Exec<br>are listed in Schedule D: Ci | or unexpired leases that<br>cutory Contracts and Une<br>reditors Who Hold Claims<br>ach the Continuation Pa | could result in a claim. A<br>expired Leases (Official Fo<br>Secured by Property. If n        | Also list executory contracts or<br>orm 106G). Do not include an<br>nore space is needed, copy t | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured ne Part you need, fill it out, number ite your name and case number (if |
| 1. Do an   | y creditors have priority uns  | secured claims against y  | ou?   |  |   |
| ✓ N  | o. Go to Part 2.   |   |   |  |   |
| ☐ Y  | es.  |   |   |  |   |
| listed,<br>As mu<br>Contin   | identify what type of claim it is  | s. If a claim has both priorit<br>in alphabetical order accord<br>than one creditor holds a                 | y and nonpriority amounts,<br>ding to the creditor's name.<br>particular claim, list the othe | list that claim here and show b<br>If you have more than two prior<br>or creditors in Part 3.    | rately for each claim. For each claim oth priority and nonpriority amounts. rity unsecured claims, fill out the   |

Total

claim

Priority

amount

Nonpriority

amount

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 25 of 66

| Debte       | or 1         | Emma J<br>First Name Mi  |                              | arris<br>ıst Name | Case number (if kr   | nown)                         |                         |
|-------------|--------------|--|------------------------------|-------------------|--|-------------------------------|-------------------------|
| Part :      | 2.           | List All of Your NONPRIORIT  |                              | ist Name          |  |                               |                         |
| 3. [        | Do a         | any creditors have nonpriority uns No. You have nothing to report in Yes.  | secured claims against y     |                   | court with your other schedules.                                       |                               |                         |
| <b>4.</b> L | inse<br>f me | all of your nonpriority unsecured ecured claim, list the creditor separate ore than one creditor holds a particular of Part 2. | ely for each claim. For each | n claim lis       | sted, identify what type of claim it is.                               | Do not list claims already in | cluded in Part 1.       |
| 4.1         | _            | B/CARSONS  |                              |                   | Last 4 digits of account number  | 1486                          | Total claim<br>\$569.00 |
|             |              | onpriority Creditor's Name<br>O BOX 182789   |                              |                   | When was the debt incurred?  | 9/2016                        |                         |
|             | Νι           | umber Street   |                              |                   | As of the date you file, the claim i                                   | is: Check all that apply.     |                         |
|             | _            | OLLIMBUIO OL'-   | 10010                        | <del></del>       | Contingent   |                               |                         |
|             | Ci           | <u>OLUMBUS</u> <u>Ohio</u><br>ty State   | 43218<br>Zip Code            |                   | Unliquidated   |                               |                         |
|             | W            | ho incurred the debt? Check one. Debtor 1 only   |                              |                   | Disputed   |                               |                         |
|             | Ľ            | Debtor 2 only  |                              |                   | Type of NONPRIORITY unsecured  | claim:                        |                         |
|             | F            | Debtor 1 and Debtor 2 only   |                              |                   | Student loans  |                               |                         |
|             | F            | At least one of the debtors and an   | other                        |                   | Obligations arising out of a sepa<br>divorce that you did not report a |                               |                         |
|             | F            | ⊒<br>☐ Check if this claim relates to a  | community debt               |                   | Debts to pension or profit-sharing debts                               | ng plans, and other similar   |                         |
|             | ls           | the claim subject to offset?   |                              |                   |  | tCard                         |                         |
|             | <b>√</b>     | No   |                              |                   |  |                               |                         |
|             |              | Yes  |                              |                   |  |                               |                         |
| 4.2         |              | ELTIC/CONT<br>onpriority Creditor's Name   |                              |                   | Last 4 digits of account number _                                      | 0762                          | \$634.00                |
|             | PC           | OB 8099  |                              |                   | When was the debt incurred?  | 6/2017                        |                         |
|             | Nι           | umber Street   |                              |                   | As of the date you file, the claim                                     | is: Check all that apply.     |                         |
|             |              | TWADIC Deleviers   | 10714                        |                   | Contingent   |                               |                         |
|             | Ci           | EWARK Delaware<br>ty State   | 19714<br>Zip Code            |                   | Unliquidated   |                               |                         |
|             | W            | ho incurred the debt? Check one.  Debtor 1 only  |                              |                   | Disputed   |                               |                         |
|             | Ľ            | Debtor 2 only  |                              |                   | Type of NONPRIORITY unsecured  | claim:                        |                         |
|             | F            | Debtor 1 and Debtor 2 only   |                              |                   | Student loans  |                               |                         |
|             | F            | At least one of the debtors and an   | other                        |                   | Obligations arising out of a sepa<br>divorce that you did not report a |                               |                         |
|             | F            | ☐<br>☐ Check if this claim relates to a  | community debt               |                   | Debts to pension or profit-sharing debts                               | ng plans, and other similar   |                         |
|             | ls           | the claim subject to offset?   |                              |                   | Other. Specify Credi   | tCard                         |                         |
|             | ₹            | =  |                              |                   |  |                               |                         |
|             | L            | Yes  |                              |                   |  |                               |                         |
| 4.3         | _            | HASE CARD onpriority Creditor's Name   |                              |                   | Last 4 digits of account number _                                      | 0391                          | \$6,185.00              |
|             | BA           | ANK ONE CARD SERV 2500 WESTF   | IELD DRI                     |                   | When was the debt incurred?  | 4/2016                        |                         |
|             | INU          | umber Street   |                              |                   | As of the date you file, the claim                                     | is: Check all that apply.     |                         |
|             | FI           | _GIN Illinois  | 60124                        |                   | Contingent   |                               |                         |
|             | Ci           | ty State   | Zip Code                     |                   | Unliquidated   |                               |                         |
|             | W            | ho incurred the debt? Check one.  Debtor 1 only  |                              |                   | Disputed   |                               |                         |
|             | Ľ            | Debtor 2 only  |                              |                   | Type of NONPRIORITY unsecured  | ciaim:                        |                         |
|             | F            | Debtor 1 and Debtor 2 only   |                              |                   | Student loans  Obligations arising out of a son                        | aration agrooment or          |                         |
|             | F            | At least one of the debtors and an   | other                        |                   | Obligations arising out of a sepa<br>divorce that you did not report a |                               |                         |
|             | F            | ⊒<br>☐ Check if this claim relates to a  |                              |                   | Debts to pension or profit-sharing debts                               | ng plans, and other similar   |                         |
|             | ls           | the claim subject to offset?   | •                            |                   |  | tCard                         |                         |
|             | <b>✓</b>     | No   |                              | '                 | <del>_</del>   |                               |                         |
|             |              | Ves  |                              |                   |  |                               |                         |

#### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 26 of 66

Harris Debtor 1 Emma Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 ComEd - PO Box 6111 \$225.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 6111 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60197 Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes DIVERSIFIED \$664.00 7691 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name When was the debt incurred? 7/2017 Po Box 1391 Number As of the date you file, the claim is: Check all that apply. Contingent Michigan 48195 Southgate Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: 11 ATT U **✓** No Other, Specify Yes I C SYSTEM 4.6 \$78.00 Last 4 digits of account number 3124 Nonpriority Creditor's Name When was the debt incurred? 1/2017 Po Box 64378 Number As of the date you file, the claim is: Check all that apply. Contingent 55164 Saint Paul Minnesota Unliquidated City Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL

✓ No Yes

#### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 27 of 66

Harris Debtor 1 Emma Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Illinois Dept of Human Services \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 100 S Grand Ave As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 62704 Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Overpayment Benefits Is the claim subject to offset? **✓** No Yes MABT/MILSTNE \$464.00 0301 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name When was the debt incurred? 4/2017 PO BOX 4499 Number As of the date you file, the claim is: Check all that apply. Contingent BEAVERTON 97076 Oregon Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.9 Peoples Gas \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 200 E. Randolph When was the debt incurred? n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60601 Chicago City Zip Code State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only  $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Unsecured Is the claim subject to offset? **✓** No

Yes

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 28 of 66

| Debtor 1         | Emma<br>First Name   | J<br>Middle Name                                     | Harris<br>Last Name | Case number (if known)  |             |
|------------------|--|--|---------------------|---|-------------|
| Part 2:          | Your NONPRIORITY Uns   | secured Claims - Cont                                | inuation Page       | •   |             |
| P                | After listing any entries on th  | is page, number them beg                             | inning with 4.5     | , followed by 4.6, and so forth.  | Total claim |
| N<br>E           | SYNCB/WALMAR Jonpriority Creditor's Name PO BOX 965024 Jumber Street   |  | Wh                  | t 4 digits of account number 8586 en was the debt incurred? 11/2016 of the date you file, the claim is: Check all that apply.   | \$1,443.00  |
| V<br>E<br>E<br>E | Texactive State  Who incurred the debt? Check  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and Check if this claim relates the claim subject to offset?  No  Yes | e Zip Code c one.  and another s to a community debt |                     | Contingent Unliquidated Disputed  e of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard |             |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 29 of 66

Debtor 1 Emma J Harris Case number (if known)

| First Nar                | ne Middle Name Last Name   |     |                              |          |              |     |  |
|--------------------------|--|-----|------------------------------|----------|--------------|-----|--|
| Part 4: Add th           | e Amounts for Each Type of Unsecured Claim   |     |                              |          |              |     |  |
|                          | mounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. |     | tatistical reporting purpose | es only. | 28 U.S.C. §1 | 59. |  |
|                          |  |     | Total claims                 |          |              |     |  |
| Total claims from Part 1 | 6a. Domestic support obligations.  | 6a. | \$0.00                       |          |              |     |  |
|                          | 6b. Taxes and certain other debts you owe the government   | 6b. | \$0.00                       |          |              |     |  |
|                          | 6c. Claims for death or personal injury while you were intoxicated   | 6c. | \$0.00                       |          |              |     |  |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d. | \$0.00                       |          |              |     |  |
|                          | 6e. Total. Add lines 6a through 6d.  |     | \$0.00                       |          |              |     |  |
|                          |  |     | Total claims                 |          |              |     |  |
| Total claims from Part 2 | 6f. Student loans  | 6f. | \$0.00                       |          |              |     |  |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g. | \$0.00                       |          |              |     |  |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h. | \$0.00                       |          |              |     |  |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                               | 6i. | \$15,462.00                  |          |              |     |  |
|                          | C: Tatal Addings Of through C:   | c:  | \$15,462.00                  |          |              |     |  |

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 30 of 66

| Fill in this information to identify your case: |            |             |                              |  |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Emma       | J           | Harris                       |  |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |  |
| Case number (If known)                          |            |             |                              |  |  |  |  |

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P | erson or comp                       | pany with whom you have | the contract or lease | State what the contract or lease is for             |
|---|-------------------------------------|-------------------------|-----------------------|---|
|   | Vera, Glenda Name 5327 W Wrightwood |                         |                       | Residential Lease, Debtor is Lessee, Month to Month |
|   | Number                              | Street                  |                       |   |
|   | Chicago                             | Illinois                | 60639                 |   |
|   | City                                | State                   | Zip Code              |   |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 31 of 66

|          |                |                                  | Do  | cument rage                 | 310100  |
|----------|----------------|----------------------------------|---|-----------------------------|---|
| Fill in  | this infor     | mation to identify your c        | ase:  |                             |   |
| Debt     | or 1           | Emma                             | J   | Harris                      |   |
| Debt     | or 2           | First Name                       | Middle Name   | Last Name                   |   |
|          | se, if filing) | First Name                       | Middle Name   | Last Name                   |   |
| Unite    | ed States E    | Sankruptcy Court for the:        | Northern  | District of Illinois        |   |
|          | number         |                                  |   | (State)                     |   |
| (If kno  | wn)            |                                  |   |                             | Check if this is an   |
|          |                |                                  |   |                             | amended filing  |
| Off      | icial          | Form 106H                        |   |                             |   |
| ر<br>د د | a odul         | e H: Your Cod                    | lobtors   |                             | 12/15   |
| <u> </u> | ledui          | e n. Your Coc                    | ieptors   |                             | 12/15   |
|          |                | er every question.               | ou are filing a joint case, do                          | not list either spouse as a | a codebtor.)  |
|          |                |                                  | lived in a community pro<br>kico, Puerto Rico, Texas, W |                             | ? (Community property states and territories include Arizona, California, n.) |
|          | ✓ No.          | Go to line 3.                    |   |                             |   |
|          |                | • •                              | er spouse, or legal equiva                              | lent live with you at the t | time?   |
|          |                | No<br>Vaa la vahiala aasaassasii |   | . 150                       | Fill in the name and current address of that person.                          |
|          | Ш              | Yes. In which communi            | y state or territory did you                            | ilve?                       | —— Fill in the name and current address of that person.                       |
|          |                | Name of your spouse, t           | ormer spouse, or legal equ                              | valent                      |   |
|          |                | Number Street                    |   |                             |   |
|          |                |                                  |   |                             |   |
|          |                | City                             | State   | Zip Co                      | de  |
| 3.       | In Columr      | n 1, list all of your codel      | otors. Do not include vou                               | spouse as a codebtor i      | if your spouse is filing with you. List the person shown in line 2            |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line a again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 32 of 66

| Fill in this information to identify your case:  Debtor 1   |                                       |
|---|---------------------------------------|
|   |                                       |
| First Namo Middle Name Leat Name  |                                       |
| Check if this is  | S:                                    |
| Debtor 2   (Spouse, if filing)   First Name   Middle Name   Last Name   An amence   | ded filing                            |
|   | ment showing post-petition chapter 13 |
|   | as of the following date:             |
| Case number   | (2000)                                |
| (lf known) MM / DD  | / YYYY                                |
| Official Form 106I  |                                       |
| Schedule I: Your Income   | 12/15                                 |
| responsible for supplying correct information. If you are married and not filing jointly, and your spouse information about your spouse. If you are separated and your spouse is not filing with you, do not incluspouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pagnumber (if known). Answer every question.  Part 1: Describe Employment | ide information about your            |
| 1. Fill in your employment Debtor 1 Debtor  | or 2                                  |
| information.  |                                       |
| if you have more than one job,  | ployed                                |
| attach a separate page with  information about additional  Not Employed   | t Employed                            |
| employers. Occupation   |                                       |
| Include part time, seasonal, or <b>Employer's name</b> self-employed work.  |                                       |
| Employer's address  |                                       |
| Occupation may include student or homemaker, if it applies.  Number Street  Number Street   | r Street                              |
|   |                                       |
|   | 0                                     |
| City State Zip Code City  | State Zip Code                        |
| How long employed there?  |                                       |
| Part 2: Give Details About Monthly Income   |                                       |
| _   |                                       |
| <b>Estimate monthly income as of the date you file this form.</b> If you have nothing to report for any line, write \$0 in spouse unless you are separated.   | the space. Include your non-filing    |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that permore space, attach a separate sheet to this form.   |                                       |
| For Deptor 1  | otor 2 or<br>ng spouse                |
| List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.   |                                       |
| 3. Estimate and list monthly overtime pay. 3 + \$0.00   |                                       |
| 4. Calculate gross income. Add line 2 + line 3. 4. \$0.00   |                                       |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 33 of 66

| Debtor                 | 1Emma J  | Harris               | Case numbe             | r <i>(if</i>                      |                         |
|------------------------|--|----------------------|------------------------|-----------------------------------|-------------------------|
|                        | First Name Middle Name   | Last Name            | For Debtor 1           | For Debtor 2 or non-filing spouse |                         |
| Сору                   | line 4 here  | <b>→</b> 4.          | \$0.00                 |                                   |                         |
| 5. <b>List</b> a       | all payroll deductions:  |                      |                        |                                   |                         |
| 5a. 1                  | Гах, Medicare, and Social Security deductions  | 5a.                  | \$0.00                 |                                   |                         |
| 5b. <b>I</b>           | Mandatory contributions for retirement plans   | 5b.                  | \$0.00                 |                                   |                         |
| 5c. <b>\</b>           | oluntary contributions for retirement plans  | 5c.                  | \$0.00                 |                                   |                         |
| 5d. <b>I</b>           | Required repayments of retirement fund loans   | 5d.                  | \$0.00                 |                                   |                         |
| 5e. <b>I</b>           | nsurance   | 5e.                  | \$0.00                 |                                   |                         |
| 5f. <b>C</b>           | Oomestic support obligations   | 5f.                  | \$0.00                 |                                   |                         |
| 5g. <b>l</b>           | Union dues   | 5g.                  | \$0.00                 |                                   |                         |
| 5h. <b>(</b>           | Other deductions. Specify:   | 5h. +                | \$0.00 +               |                                   |                         |
| 6. <b>Add</b> 1+5h.    | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +   | 5f + 5g 6.           | \$0.00                 |                                   |                         |
| 7. Calc                | ulate total monthly take-home pay. Subtract line 6 from lin  | ne 4. 7.             | \$0.00                 |                                   |                         |
| 8. List a              | all other income regularly received:   |                      |                        |                                   |                         |
| t                      | Net income from rental property and from operating a pusiness, profession, or farm   |                      |                        |                                   |                         |
| ç                      | Attach a statement for each property and business showing<br>gross receipts, ordinary and necessary business expenses, an<br>he total monthly net income.  | d<br>8a.             | \$0.00                 |                                   |                         |
| 8b. <b>I</b>           | Interest and dividends   | 8b.                  | \$0.00                 |                                   |                         |
|                        | Family support payments that you, a non-filing spouse, o dependent regularly receive   | ra                   |                        |                                   |                         |
|                        | nclude alimony, spousal support, child support, maintenance divorce settlement, and property settlement.   | e,<br>8c.            | \$0.00                 |                                   |                         |
| 8d. <b>l</b>           | Unemployment compensation  | 8d.                  | \$0.00                 |                                   |                         |
|                        | Social Security  | 8e.                  | \$1,152.00             |                                   |                         |
| lr<br>c<br>u<br>h<br>S | Other government assistance that you regularly receive<br>nclude cash assistance and the value (if known) of any non-<br>ash assistance that you receive, such as food stamps (benefi<br>inder the Supplemental Nutrition Assistance Program) or<br>iousing subsidies<br>ipecify:  Food Assistance Programs Income | ts<br>8f.            | \$115.00               |                                   |                         |
| 8g. <b>I</b>           | Pension or retirement income   | 8g.                  | \$0.00                 |                                   |                         |
| 8h. <b>(</b>           | Other monthly income. Specify:   | 8h. +                | \$0.00 +               | · <u> </u>                        |                         |
| 9. <b>Add</b> :        | <b>all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g  | + 8h. 9.             | \$1,267.00             |                                   |                         |
|                        | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing   | 10.<br>spouse        | \$1,267.00 +           | =                                 | \$1,267.00              |
| Inclu<br>frien         | te all other regular contributions to the expenses that you do contributions from an unmarried partner, members of you do or relatives.  not include any amounts already included in lines 2-10 or amounts.  | ur household, your o | lependents, your roomr |                                   |                         |
| Spec                   | cify:  |                      |                        | 11                                | + \$0.00                |
|                        | I the amount in the last column of line 10 to the amount at that amount on the Summary of Schedules and Statistical S  |                      |                        |                                   | \$1,267.00              |
|                        |  |                      |                        |                                   | Combined monthly income |
| 13. <b>Do</b> :        | you expect an increase or decrease within the year after No.   | r you file this form | ?                      |                                   |                         |
|                        | Yes. Explain:  |                      |                        |                                   |                         |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 34 of 66

|                                    |                                      | Docu   | ument Page 34 of 66  | 5                                   |   |
|------------------------------------|--------------------------------------|--|--|-------------------------------------|---|
| Fill in this infor                 | mation to identify y                 | our case:  |  |                                     |   |
| Debtor 1                           | Emma<br>First Name                   | J<br>Middle Name   | Harris<br>Last Name  |                                     |   |
| Debtor 2<br>(Spouse, if filing)    | First Name                           | Middle Name  | Last Name  | Check if this is:  An amended filir | ng  |
| United States E                    | Bankruptcy Court for                 | r the: Northern  | District of Illinois (State)   |                                     | howing post-petition chapter 13 the following date: |
| Case number<br>(If known)          |                                      |  |  | MM / DD / YYYY                      | <del></del>   |
| Official                           | Form 106                             | <u>5J</u>  |  |                                     |   |
| Schedul                            | e J: Your E                          | xpenses  |  |                                     | 12/15   |
| information. If                    |                                      | ded, attach another sheet to this  | re filing together, both are equal<br>form. On the top of any addition |                                     |   |
| Part 1: Des                        | cribe Your Hous                      | ehold  |  |                                     |   |
| 1. Is this a joi                   | nt case?                             |  |  |                                     |   |
| ✓ No. Go                           | to line 2                            |  |  |                                     |   |
| Yes. Do                            | oes Debtor 2 live i                  | n a separate household?  |  |                                     |   |
|                                    | <b>¬</b> No                          |  |  |                                     |   |
|                                    | Yes. Debtor 2 m                      | ust file Official Forms 106J-2, <i>Exper</i>                                 | nses for Separate Household of Deb                                     | tor 2.                              |   |
| 2. Do you hav                      | e dependents?                        | <b>✓</b> No  |  |                                     |   |
| Do not list D<br>Debtor 2.         | Debtor 1 and                         | Yes. Fill out this information for each dependent                            | Dependent's relationship to<br>Debtor 1 or Debtor 2                    | Dependent's age                     | Does dependent live with you?                       |
|                                    | penses include<br>f people other     | <b>√</b> No  |  |                                     |   |
| than<br>yourself and<br>dependents | -                                    | Yes  |  |                                     |   |
| Part 2: Estin                      | mate Your Ongo                       | ing Monthly Expenses   |  |                                     |   |
| _                                  | of a date after the                  |  | you are using this form as a suppl<br>oplemental Schedule J, check the | •                                   |   |
|                                    | •                                    | non-cash government assistance<br>ded it on Sc <i>hedule I: Your Incom</i> e | -  |                                     | Your expenses                                       |
|                                    | or home ownershor the ground or lot. | ip expenses for your residence. In 4.  | nclude first mortgage payments and                                     |                                     | \$650.00<br>4.                                      |
| If not incl                        | uded in line 4:                      |  |  |                                     |   |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 35 of 66

Debtor 1 Emma J Harris Case number (if known) Eirst Name Middle Name Last Name

|  |            | Your expenses |
|--|------------|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans  | 5.         | \$0.00        |
| 6. Utilities:  |            |               |
| 6a. Electricity, heat, natural gas   | 6a.        | \$160.00      |
| 6b. Water, sewer, garbage collection   | 6b.        | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.        | \$45.00       |
| 6d. Other. Specify:  | 6d         | \$0.00        |
| 7. Food and housekeeping supplies  | 7.         | \$200.00      |
| 8. Childcare and children's education costs  | 8.         | \$0.00        |
| 9. Clothing, laundry, and dry cleaning   | 9.         | \$35.00       |
| 10. Personal care products and services  | 10.        | \$20.00       |
| 11. Medical and dental expenses  | 11.        | \$20.00       |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments                   | 12.        | \$60.00       |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.        | \$0.00        |
| 14. Charitable contributions and religious donations   | 14.        | \$0.00        |
| <ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul> |            |               |
| 15a. Life insurance  | 15a        | \$0.00        |
| 15b. Health insurance  | 15b        | \$0.00        |
| 15c. Vehicle insurance   | 15c        | \$80.00       |
| 15d. Other insurance. Specify:   | 15d        | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.                            |            |               |
| Specify:   | 16         | \$0.00        |
| 17. Installment or lease payments:   |            |               |
| 17a. Car payments for Vehicle 1  | 17a        | \$0.00        |
| 17b. Car payments for Vehicle 2  | 17b        | \$0.00        |
| 17c. Other. Specify:   | 17c        | \$0.00        |
| 17d. Other. Specify:   | 17d        | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from                        |            | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.        |               |
| 19.Other payments you make to support others who do not live with you.   |            | *             |
| Specify:  20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.     | 19.        | \$0.00        |
| 20a. Mortgages on other property   | 20a        | \$0.00        |
| 20b. Real estate taxes.  | 20a<br>20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance  | 20b<br>20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d        | \$0.00        |
| 20e. Homeowner's association or condominium dues   | 20d<br>20e | \$0.00        |
|  | 208        | φυ.υυ         |

## Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 36 of 66

| Debtor 1   |          |                            | J                   | Harris  | Case number (if known) |          |            |
|--|----------|----------------------------|---------------------|---|------------------------|----------|------------|
|  | First Na | me                         | Middle Name         | Last Name   |                        |          |            |
| 21. <b>Othe</b>  | r. Speci | fy:                        |                     |   |                        | 21       | \$0.00     |
|  |          |                            |                     |   |                        |          |            |
| 22. Calculate your monthly expenses.   |          |                            |                     |   |                        |          | \$1,270.00 |
| 22a. Add lines 4 through 21.   |          |                            |                     |   |                        |          | \$0.00     |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |          |                            |                     |   |                        |          | \$1,270.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                      |          |                            |                     |   |                        | 22.      |            |
| 23.Calcu   | ılate y  | our monthly net income     |                     |   |                        |          |            |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                    |          |                            |                     |   |                        | 23a      | \$1,267.00 |
| 23b. Copy your monthly expenses from line 22 above.                                  |          |                            |                     |   |                        | 23b      | \$1,270.00 |
| 23c. Subtract your monthly expenses from your monthly income.                        |          |                            |                     |   |                        | (\$3.00) |            |
| The result is your monthly net income.   |          |                            |                     | 23c   |                        |          |            |
| For e  | example  | e, do you expect to finish | paying for your car | ses within the year after loan within the year or do y modification to the terms of | ou expect your         |          |            |
|  |          |                            |                     |   |                        |          |            |
|  |          |                            |                     |   |                        |          |            |
|  |          |                            |                     |   |                        |          |            |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 37 of 66

| Fill in this information to identify your case: |            |             |                              |  |  |
|---|------------|-------------|------------------------------|--|--|
| Debtor 1  | Emma       | J           | Harris                       |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |
| Debtor 2  |            |             |                              |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |
| Case number                                     |            |             |                              |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |  |  |  |  |
|-----|--|---|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |   |  |  |  |  |
|     | ✓ No   |   |  |  |  |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |
|     |  |   |  |  |  |  |
|     |  |   |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and   |  |  |  |  |
| 40  | •  |   |  |  |  |  |
| ×   | /s/ Emma Harris  | *   |  |  |  |  |
|     | Signature of Debtor 1  | Signature of Debtor 2   |  |  |  |  |
|     | Date 11/1/2017   | Date  |  |  |  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |  |  |  |  |

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 38 of 66

| Fill in this inf   |   |  |   |  |          |   |
|--------------------|---|--|---|--|----------|---|
| Debtor 1           | Emma  | J  | Harris  |  |          |   |
| Debtor 2           | First Name  | Middle Name  | Last Name                                       | 9  |          |   |
| (Spouse, if filing | First Name  | Middle Name  | Last Name                                       | <del></del>  |          |   |
| United States      | s Bankruptcy Court for the:   | Northern   | District of Illinoi                             |  |          |   |
| Case numbe         | er  |  | (State  | e)<br>   |          |   |
| (If known)         |   |  |   |  |          | Check if this is  |
| Officia            | l Form 107  |  |   |  |          | amended filing  |
| Statem             | ent of Financia   | I Affairs for I  | ndividuals l                                    | Filing for Bankı   | ruptcy   | 04  |
| nformation         |   | d, attach a separate s   |   | ogether, both are equall<br>On the top of any addit                      |          |   |
| Part 1: Gi         | ve Details About Your   | Marital Status and V   | Where You Lived                                 | Before   |          |   |
| 1. What            | is your current marital sta   | itus?  |   |  |          |   |
|                    |   |  |   |  |          |   |
|                    | 1arried   |  |   |  |          |   |
|                    | Married<br>lot married  |  |   |  |          |   |
| ✓ N                |   |  | r than where you liv                            | e now?   |          |   |
| 2. During          | lot married<br>g the last 3 years, have yo  | u lived anywhere other   | -   |  |          |   |
| 2. During          | lot married<br>g the last 3 years, have yo<br>lo  | u lived anywhere other<br>ou lived in the last 3 yea                                       | rs. Do not include w                            |  |          | Dates Debtor 2 lived there                              |
| 2. During          | lot married  g the last 3 years, have yo  lo  es. List all of the places yo                           | u lived anywhere other<br>ou lived in the last 3 yea<br>Date                               | rs. Do not include w                            | here you live now.   |          |   |
| 2. During          | lot married  g the last 3 years, have yo  lo  es. List all of the places yo                           | u lived anywhere other<br>ou lived in the last 3 yea<br>Date                               | rs. Do not include w<br>es Debtor 1 lived<br>re | there you live now.  Debtor 2:   |          | there   |
| 2. During          | lot married  g the last 3 years, have you lo les. List all of the places you lebtor 1:                | u lived anywhere other ou lived in the last 3 yea  Date                                    | rs. Do not include w<br>es Debtor 1 lived<br>re | here you live now.  Debtor 2:  Same as Debtor 1                          |          | there Same as Debtor 1                                  |
| 2. During          | lot married  g the last 3 years, have you lo fes. List all of the places you lebtor 1:                | u lived anywhere other u lived in the last 3 yea  Date ther  From                          | rs. Do not include w<br>es Debtor 1 lived<br>re | Debtor 2:  Same as Debtor 1  Number Street                               |          | there  Same as Debtor 1  From                           |
| 2. During Y        | lot married  g the last 3 years, have you lo les. List all of the places you lebtor 1:                | u lived anywhere other u lived in the last 3 yea  Date there                               | rs. Do not include w<br>es Debtor 1 lived<br>re | Debtor 2:  Same as Debtor 1  Number Street  City State                   | Zip Code | there  Same as Debtor 1  From To                        |
| 2. During Y        | lot married  g the last 3 years, have you lo fes. List all of the places you lebtor 1:                | u lived anywhere other u lived in the last 3 yea  Date ther  From                          | rs. Do not include w<br>es Debtor 1 lived<br>re | Debtor 2:  Same as Debtor 1  Number Street                               | Zip Code | there  Same as Debtor 1  From                           |
| 2. During Y Y      | lot married  g the last 3 years, have you lo fes. List all of the places you lebtor 1:                | u lived anywhere other u lived in the last 3 yea  Date ther  From                          | rs. Do not include wees Debtor 1 lived re       | Debtor 2:  Same as Debtor 1  Number Street  City State                   | Zip Code | there  Same as Debtor 1  From To                        |
| 2. During Y Y      | lot married  g the last 3 years, have you lo fes. List all of the places you lebtor 1:  lumber Street | pu lived anywhere other but lived in the last 3 year  Date ther  From To  Zip Code         | rs. Do not include wees Debtor 1 lived re       | Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1      |
| 2. During Y Y      | lot married  g the last 3 years, have you lo fes. List all of the places you lebtor 1:  lumber Street | Date there are considered anywhere others are lived in the last 3 years.  To To To From To | rs. Do not include wees Debtor 1 lived re       | Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To Same as Debtor 1  From |

#### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 39 of 66

Harris

Debtor 1 Emma Case number (if known) First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$18500.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$30000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and exclusions) and exclusions) Unemployment \$1,500.00 From January 1 of current year until Link \$1,150.00 the date you filed for bankruptcy: Unemployment \$8,600.00 For last calendar year: \$0.00 (January 1 to December 31, 2016 \$0.00 For the calendar year before that: \$0.00 (January 1 to December 31, 2015

#### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 40 of 66

Harris Debtor 1 Emma Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 41 of 66

| insider?   | tor 1              | Emma   |  | J   | Hai                                     | ris  | Case number                                 | (if known)  |
|--|--------------------|--|--|---|---|--|---|---|
| Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are an eageneral partner; comparations of which you are an eigeneral partner; comparations of which you are an eigeneral partner; comparation of which you are an eageneral partner; comparation of which you are an eageneral partner; comparation or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No Ses. List all payments to an insider.  Dates of payment  Insider's Name  Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  No Yes. List all payments that benefited an insider.  Dates of payments on debts guaranteed or cosigned by an insider.  Dates of payment amount paid  Dates of Total amount paid  No Yes. List all payments that benefited an insider.  Dates of payment amount paid  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street  Number Street |                    | First Name   |  | Middle Name   | Las                                     | t Name                                       |   |   |
| Yes. List all payments to an insider.    Dates of payment  | Insi<br>con<br>age | ders include your<br>porations of which<br>nt, including one | relatives; an<br>you are an<br>for a busin | ny general partners<br>n officer, director, p<br>ess you operate as | s; relatives of any operson in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | ou are a general partner;<br>g securities; and any managing |
| Dates of payment   Total amount paid   Amount you still owe   Reason for this payment  | <b>✓</b>           | No   |  |   |   |  |   |   |
| Insider's Name Number Street  City State Zip Code  Insider's Name Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of payment paid  Total amount you still owe  Insider's Name  Number Street  City State Zip Code  City State Zip Code   |                    | Yes. List all pay  | ments to a                                 | ın insider.   |   |  |   |   |
| Number Street    City   State   Zip Code   |                    |  |  |   |   |  |   | Reason for this payment                                     |
| City State Zip Code    Insider's Name   Number Street  |                    | Insider's Name   |  |   |   |  |   |   |
| Insider's Name Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  ✓ No  Yes. List all payments that benefited an insider.  Dates of payment  Dates of payment still owe  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street   |                    | Number Street  |  |   |   |  |   |   |
| Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider:  No Yes. List all payments that benefited an insider.  Dates of payment  Dates of payment  Insider's Name  Number Street  City State Zip Code  Number Street   |                    | City   | State                                      | Zip Code  |   |  |   |   |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider include payments on debts guaranteed or cosigned by an insider.    No   |                    | Insider's Name   |  |   |   |  |   |   |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment Dates of payment still owe Insider's Name Number Street  City State Zip Code  Insider's Name Number Street   |                    | Number Street  |  |   |   |  |   |   |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment paid  Total amount you still owe  Insider's Name  Number Street  Insider's Name  Number Street  |                    | City   | State                                      | Zin Code  |   |  |   |   |
| Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street  |                    | ude payments on<br>No  | _  | _   | ider.                                   |  | -   | Reason for this payment                                     |
| Number Street  City State Zip Code  Insider's Name  Number Street  |                    |  |  |   |   | ·  |   | Include creditor's name                                     |
| City State Zip Code  Insider's Name  Number Street   |                    | Insider's Name   |  |   |   |  |   |   |
| Insider's Name Number Street   |                    | Number Street  |  |   |   |  |   |   |
| Number Street  |                    | City   | State                                      | Zip Code  |   |  |   |   |
|  |                    | Insider's Name   |  |   |   |  |   |   |
| City State Zin Code  |                    | Number Street  |  |   |   |  |   |   |
|  |                    |  |  |   |   |  |   |   |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 42 of 66

Harris Debtor 1 Emma Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 43 of 66

| Debt | tor 1 Emma<br>First Name                             | J<br>Middle Name            | Harris<br>Last Name            | Case number (if known)                    |                            |
|------|--|-----------------------------|--------------------------------|---|----------------------------|
| 11.  | accounts or refuse to ma                             |                             |                                | ank or financial institution, set off any | amounts from your          |
|      | ✓ No  Yes. Fill in the details.                      |                             |                                |   |                            |
|      | _  |                             | Describe the action the        | creditor took Date act was take           |                            |
|      | Creditor's Name                                      |                             |                                |   |                            |
|      | Number Street  |                             |                                |   |                            |
|      |  |                             | Last 4 digits of account n     | umber: XXXX-                              |                            |
|      | City Sta   | te Zip Code                 |                                |   |                            |
| 12.  | Within 1 year before you f appointed receiver, a cus |                             |                                | oossession of an assignee for the bene    | fit of creditors, a court- |
|      | ✓ No<br>Yes  |                             |                                |   |                            |
| Part | 5: List Certain Gifts an                             | nd Contributions            |                                |   |                            |
| 13.  | Within 2 years before you                            | u filed for bankruptcy, dic | l you give any gifts with a to | tal value of more than \$600 per perso    | n?                         |
|      | ✓ No  Yes. Fill in the details                       | s for each gift.            |                                |   |                            |
|      | Gifts with a total valu                              | ue of more than \$600       | Describe the gifts             | Dates yo<br>gave the<br>gifts             |                            |
|      | Person to Whom You                                   | Gave the Gift               | -                              |   |                            |
|      |  |                             | -                              |   |                            |
|      | Number Street  |                             | -                              |   |                            |
|      | City Sta   | ·                           |                                |   |                            |
|      | Person to Whom You                                   | Gave the Gift               |                                |   |                            |
|      | Number Street  |                             | -                              |   |                            |
|      | City Sta<br>Person's relationship to                 | ·                           | -                              |   |                            |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 44 of 66

| First Name Middle Name Last Name  4. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  Ves. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State Zip Code  Tity Code  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No  Yes. Fill in the details.   | ebtor 1  | i Emma   | J  | Harris Case number (if                               | known)                 |                   |
|--|----------|--|--|--|------------------------|-------------------|
| No   |          | First Name   | Middle Name                                  |  |                        |                   |
| No.                |          |  |  |  |                        |                   |
| Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State Zip Code  **Iss** List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No  Yes. Fill in the details.  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule AB: Property</i> .  **But Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consider any attempts, beninquity or pending in beninding type that include any attempts, beninquity or pending a beninding agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Describte any insurance coverage for the loss include the anount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule AB: Property</i> .  **But Certain Payments or Transfers  Within 1 year before you listed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consider any attempts, beninquity petition prepares, or andit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  **Description and value of any property or transfer any property transferred  **Amount of transferred  Attorney's Fee - 0.00  **Description and value of any property or transfer any property or transfer was made  10/16/2017  **Since Transferred  **Amount of payment was made  **Amount of payment was | . Wi     | ithin 2 years before you fi  | led for bankruptcy, did                      | you give any gifts or contributions with a total val | lue of more than \$600 | to any charity?   |
| Yes, Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  Ass. List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or graphical pending insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of \$5chedules.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of \$5chedules.  Person with a year before you filed for bankruptcy did you or anyone else acting on your behalf pay or transfer any property to anyone you considered any difference you filed for bankruptcy petition?  Within 1 year before you filed for bankruptcy did you or anyone else acting on your behalf pay or transfer any property to anyone you considered any difference you filed for bankruptcy petition?  Within 1 year before you filed for bankruptcy did you or anyone else acting on your behalf pay or transfer any property to anyone you considered any difference you filed for bankruptcy petition?  Within 1 year before you filed for bankruptcy did you or anyone else acting on your behalf pay or transfer any property to anyone you considered any difference you for transfer any property to anyone you considered and you file you or anyone you considered any difference you for transfer any property to anyone you considered any difference you for your behalf your behalf pay or transfer any property to anyone you considered your behalf          | I.       | ∄ No   |  |  |                        |                   |
| Giffs or contributions to charities that total more than \$800  Charity's Name  Number Street  City State Zip Code  It is: List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No  Yes. Fill in the details.  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule ARI: Property</i> .  It: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consider any stomeys, bankruptcy pertition? Include any stomeys, bankruptcy pention prepares, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Describe what you contributed  Date of your disaster, or greater any property to anyone you consider the property of the property of property anyone you consider any stomeys, bankruptcy pertition prepares, or credit counseling agencies for services required in your bankruptcy.  Attorney's Fee - 0.00  Date payment or transfer any property transfer any property transfer any property transfer was made  Attorney's Fee - 0.00  Attorney's Fee - 0.00  Attorney's Fee - 0.00  The payment was made  Attorney's Fee - 0.00  Attorney's Fee - 0.00  Date payment or transfer was made  Anyone Person Who Was Paid  Number Street  City State Zip Code  Email or wabsite address  City State Zip Code  Email or wabsite address  | F        | _  | r agab gift or contributi                    | on   |                        |                   |
| Charity's Name  Number Street  City State Zip Code  **Ros List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No  Yes, Fill in the details.  Describe any insurance coverage for the loss include the amount that insurance has paid. List panding insurance charms on line 33 of Schedule.  AB: Property.  **No**  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consider that the surance has paid any property to anyone you consider that the payment is part of transfer any property to anyone you consider transfer you filed for bankruptcy petition?  No  Yes, Fill in the details.  **Describe any insurance coverage for the loss include the amount that insurance has paid. List panding insurance claims on line 33 of Schedule.  **AB: Property.**  Include any attempts of Transfers  **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you considered about seeking bankruptcy or preparing a bankruptcy petition?  Include any attempts, bankruptcy petition prepares, or credit counseling agencies for services required in your bankruptcy.  **Describe any insurance claims on line 33 of Schedule.  **Describe any insurance coverage for the loss include the first panding insurance claims on line 33 of Schedule.  **Date of your Include the first panding insurance claims on line 33 of Schedule.  **Date of your Include the first panding insurance claims on line 33 of Schedule.  **Date of your Include the first panding insurance claims on line 33 of Schedule.  **Date of your Include the first panding insurance claims on line 33 of Schedule.  **Date of your Include the first panding insurance claims on line 33 of Schedule.  **Date of your Include the first panding insurance claims on line 33 of Schedule.  **Date of your I             | L        | Tes. Fill III the details to   | r each gill or contributi                    | 011.   |                        |                   |
| Charity's Name  Number Street  City State Zip Code  ### City State Zip Code  #### City State Zip Code  ### City State Zip Code  #### City State Zip Code  ##### City State Zip Code  ##### City State Zip Code  ###################################   |          |  |  | Describe what you contributed                        |                        | Value             |
| Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Now the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List panding insurance claims on line 33 of Schedule  AB: Property.  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constant about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  Description and value of any property  transferred  Date payment or transfer  Was made  Amount of creaming reparent was made  Altomery's Fee - 0.00  Date payment was made  10/16/2017  \$0.00  Person Who Was Paid 20.5. Clark Street  Number Street  Gity State Zip Code  Email or website address  Number Street  Gity State Zip Code  Email or website address  Code Street  Number Street  |          | that total more than \$6   | 600  |  | contributed            |                   |
| Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Now the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule  AB: Property.  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabute seeking bankruptcy or proparting a bankruptcy petition?  Include any attomeys, bankruptcy petition pireparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property  transferred  Date payment or transfer was made  Date payment or transfer was made  10/16/2017  \$0.00  Attorney's Fee - 0.00  Attorney's Fee - 0.00  Ferson Who Was Paid  Number Street  City State Zip Code  Email or website address   |          |  |  |  |                        |                   |
| Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No  Ves. Fill in the details.  Describe the property you lost and how the loss occurred  Now the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule  ARS: Property.  No:  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consider any attomeys, bankruptcy petition? Include any attomeys, bankruptcy petition prepares, or credit counseling agencies for services required in your bankruptcy.  No:  Yes. Fill in the details.  Description and value of any property  Transferred  Date payment or transfer any property to anyone you consider any attomeys, bankruptcy petition?  Include any attomeys, bankruptcy petition prepares, or credit counseling agencies for services required in your bankruptcy.  Attorney's Fee - 0.00  Date payment anyone of retained was made  10/16/2017  \$0.00  Attorney's Fee - 0.00  Attorney's Fee - 0.00  10/16/2017  So.00  The person Who Was Paid  Number Street  City State Zip Code  Email or website address  Number Street  |          | Charity's Name   |  | <del>-</del>   |                        |                   |
| City State Zip Code  It is List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Yes, Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid, List pending insurance dains on line 33 of Schedule  AB: Property.  It 7:  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabut seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparens, or credit counseling agencies for services required in your bankruptcy.  No Yes, Fill in the details.  Description and value of any property transfer any property to anyone you constant transferred  Attorney's Fee - 0.00  Attorney's Fee - 0.00  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  City State Zip Code  Email or website address  City State Zip Code  Email or website address   |          | onany or tamo  |  |  |                        |                   |
| City State Zip Code  List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, of gambling?  No  Yes, Fill in the details.  Describe the property you lost and how the loss occurred  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule AB: Property</i> .  It?: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you conside any attorneys, bankruptcy petition preparene, or credit counselling agencies for services required in your bankruptcy.  No  Yes, Fill in the details.  Description and value of any property transfer or transfer was made 20 s. Clark Street  Number Street  28th Floor  Chicago Illinois 60603  City State Zip Code  Email or website address  None  Person Who Mac the Payment, if Not You  Person Who Mac the Payment, if Not You  Person Who Mac Paid  Number Street  City State Zip Code  Email or website address  City State Zip Code  Email or website address   |          |  |  | -  |                        |                   |
| List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Yes, Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule AB: Property</i> .  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consubout seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counsaling agencies for services required in your bankruptcy.  No Yes, Fill in the details.  Description and value of any property transfer any property to anyone you consubout seeking bankruptcy petition?  It transferred  Attorney's Fee - 0.00  Date payment or transfer was made 10/16/2017  Somrad Law Firm Person Who Was Paid 20 S. Clark Ghoet Number Street  Zelf Floor  Chicago Illinois 60603  City State Zip Code  Email or website address  None Person Who Mas Paid  Number Street  City State Zip Code  Email or website address   |          | Number Street  |  | -  |                        |                   |
| ## Usit Certain Losses    Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?   No   |          | Number Offeet  |  |  |                        |                   |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  ✓ No  ✓ Yes, Fill in the details.  Describe the property you lost and how the loss occurred  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule AB: Property</i> .  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabut seeking bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  ✓ Yes, Fill in the details.  Description and value of any property transfer any property transferred  Attorney's Fee - 0.00  Attorney's Fee - 0.00  Person Who Was Paid  Oity State Zip Code  Email or website address  Gity State Zip Code  Email or website address  Gity State Zip Code  Email or website address  |          | City State   | 7in Code                                     | <del>-</del>   |                        |                   |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theff, fire, other disaster, or gambling?    No  |          | Only Oldio   | Zip Godo                                     |  |                        |                   |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theff, fire, other disaster, or gambling?    No  | rt 6·    | List Certain Losses  |  |  |                        |                   |
| your pescribe the property you lost and how the loss occurred  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance calisms on line 33 of Schedule AB: Property.  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabut seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transfer any property to anyone you constabut seeking bankruptcy petition?  Include the property.  Date payment or transfer any property to anyone you constabut seeking bankruptcy or preparing a bankruptcy petition?  Include the amount that insurance has paid. List property.  Date payment or transfer any property to anyone you constabute seeking bankruptcy.  Date payment or transfer was made  Attorney's Fee - 0.00  Attorney's Fee - 0.00  Attorney's Fee - 0.00  Attorney's Fee - 0.00  To the payment or transfer was made  Attorney's Fee - 0.00  Attorney's Fee - 0.00  To the payment or transfer was made  Attorney's Fee - 0.00  To the payment or transfer was made  Attorney's Fee - 0.00  To the payment or transfer was made  Attorney's Fee - 0.00  |          | <u> </u>   |  |  |                        |                   |
| Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule  ### Property.    Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule  #### Property.    Include any attorneys, bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.    No   Ves. Fill in the details.    Description and value of any property transfer was made   10/16/2017   20.00    Attorney's Fee - 0.00   10/16/2017   20.00    Email or website address   None   Person Who Was Paid   Number Street   Number S             | <b>✓</b> | 4  |  |  |                        |                   |
| pending insurance claims on line 33 of Schedule  AB: Property.  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  Amount of or transfer was made 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address  None Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |          | Describe the property  | you lost and                                 |  |                        | Value of property |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy petition? Include any attomeys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.    Description and value of any property transferred   Date payment or transfer was made  |          | how the loss occurred  |  |  |                        | lost              |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.    Description and value of any property transferred   Date payment or transfer was made   20 S. Clark Street   Number Street   28th Floor   Chicago Illinois 60603   City State Zip Code   Email or website address   None   Person Who Was Paid   Number Street   City State Zip Code   Email or website address   City State Zip Code   City              |          |  |  |  |                        |                   |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.    Description and value of any property to anyone you constable the payment or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy.    No   |          |  |  | A/B: Property.                                       |                        |                   |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.    Description and value of any property to anyone you constable the payment or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy.    No   |          |  |  |  |                        |                   |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.    Description and value of any property to anyone you constable the payment or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy.    No   |          | _  |  |  |                        |                   |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.    Description and value of any property to anyone you constable the payment or transfer any property to anyone you constabout seeking bankruptcy or preparing a bankruptcy.    No   No   Yes. Fill in the details.    Description and value of any property to anyone payment or transfer was made and transferred.    Amount of payment was made and you constable the payment or transfer was made and you constable the payment or transfer was made and you constable the payment or transfer was made and you constant you const             | rt 7:    | List Certain Paymen  | ts or Transters                              |  |                        |                   |
| Description and value of any property transferred   Date payment or transfer was made   Date payment or transfer was made  |          | No   | p-10, p-1111111 p-11111111111111111111111111 |  |                        |                   |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address None Person Who Was Paid  Number Street  City State Zip Code  Email or website address  City State Zip Code  Email or website address  | ✓        | Tes. Fill III the details.   |  |  |                        |                   |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          |  |  |  |                        |                   |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address None Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |          |  |  | transferred  |                        | payment           |
| Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          |  |  |  | was made               | pay               |
| 20 S. Clark Street Number Street  28th Floor  Chicago Illinois 60603 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |          |  |  |  | 10/16/2017             | pay               |
| Number Street  28th Floor  Chicago Illinois 60603 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          |  |  | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| 28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          |  |  | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Chicago Illinois 60603 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |          | Number Street  |  | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          |  |  | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          | 28th Floor   |  | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |          | •  | 60602  | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          | Chicago Illinoi  |  | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          | Chicago Illinoi  |  | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |          | Chicago Illinoi City State   | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Number Street  City State Zip Code  Email or website address   |          | Chicago Illinoi City State  Email or website address None  | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Number Street  City State Zip Code  Email or website address   |          | Chicago Illinoi City State  Email or website address None  | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Number Street  City State Zip Code  Email or website address   |          | Chicago Illinoi City State  Email or website address None  | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| City State Zip Code  Email or website address  |          | Chicago Illinoi City State  Email or website address None Person Who Made the Po   | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| City State Zip Code  Email or website address  |          | Chicago Illinoi City State  Email or website address None Person Who Made the Po   | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Email or website address   |          | Chicago Illinoi City State  Email or website address None Person Who Made the Properties of the Proper | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Email or website address   |          | Chicago Illinoi City State  Email or website address None Person Who Made the Properties of the Proper | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Email or website address   |          | Chicago Illinoi City State  Email or website address None Person Who Made the Properties of the Proper | Zip Code                                     | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
|  |          | Chicago Illinoi City State  Email or website address None Person Who Made the Po  Person Who Was Paid  Number Street   | Zip Code  Sayment, if Not You                | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
|  |          | Chicago Illinoi City State  Email or website address None Person Who Made the Po  Person Who Was Paid  Number Street   | Zip Code  Sayment, if Not You                | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
| Person Who Made the Payment, if Not You  |          | Chicago Illinoi City State  Email or website address None Person Who Made the Person Who Was Paid  Number Street  City State   | Zip Code  Sayment, if Not You  Zip Code      | Attorney's Fee - 0.00                                | 10/10/2017             |                   |
|  |          | Chicago Illinoi City State  Email or website address None Person Who Made the Person Who Was Paid  Number Street  City State   | Zip Code  Sayment, if Not You  Zip Code      | Attorney's Fee - 0.00                                | 10/10/2017             |                   |

## Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 45 of 66

| Debto  |                     |  | J   |   | Case number <i>(it</i> | f known)  |           |                              |
|--------|---------------------|--|---|---|------------------------|---|-----------|------------------------------|
|        |                     | First Name   | Middle Name                                   | Last Name                                       |                        |   |           |                              |
| ŀ      | nelp                | you deal with your creditor<br>not include any payment or trai | s or to make payme                            |   | half pay or tra        | ansfer any property to a                                | anyone v  | who promised to              |
| [      | <b>4</b>            | No<br>Yes. Fill in the details.                                |   |   |                        |   |           |                              |
|        |                     |  |   | Description and value of any pro<br>transferred | perty                  | Date payment or transfer was made                       | Amou      | nt of payment                |
|        |                     | Person Who Was Paid  |   |   |                        |   |           |                              |
|        |                     | Number Street  |   |   |                        |   |           |                              |
|        |                     | City State   | Zip Code                                      |   |                        |   |           |                              |
| t<br>I | t <b>he</b><br>nclu | ordinary course of your busi                                   | ness or financial af<br>I transfers made as s | ecurity (such as the granting of a secur        |                        | · · ·   |           |                              |
|        |                     |  |   | Description and value of proper transferred     |                        | be any property or<br>ints received or debts p<br>hange | oaid      | Date<br>transfer was<br>made |
|        |                     | Person Who Received Transfe                                    | er  |   |                        |   |           |                              |
|        |                     | Number Street  |   |   |                        |   |           |                              |
|        |                     | City State<br>Person's relationship to you                     | Zip Code                                      |   |                        |   |           |                              |
|        |                     | Person Who Received Transfe                                    | er  |   |                        |   |           |                              |
|        |                     | Number Street  |   |   |                        |   |           |                              |
|        |                     | City State<br>Person's relationship to you                     | Zip Code                                      |   |                        |   |           |                              |
| ŀ      | oen                 | eficiary?<br>se are often called asset-protection              |   | l you transfer any property to a self-          | settled trust o        | or similar device of whi                                | ich you a | are a                        |
|        |                     | Yes. Fill in the details.                                      |   | Description and value of the pr                 | operty transfe         | erred   |           | Date<br>transfer was<br>made |
|        |                     | Name of trust  |   |   |                        |   |           |                              |

### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 46 of 66

Harris Debtor 1 Emma \_ Case number (if known) Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

## Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 47 of 66

| Debtor 1   |  | Harris                            | Case              | number (if known)                        |                |
|------------|--|-----------------------------------|-------------------|--|----------------|
|            | First Name Middle Name   | Last Name                         |                   |  |                |
| art 9:     | Identify Property You Hold or Control  | for Someone Else                  |                   |  |                |
|            | to the table of |                                   |                   |  |                |
|            | you hold or control any property that some meone.  | one else owns? include any p      | property you bo   | rrowed from, are storing for, or hold in | trust for      |
| •          |  |                                   |                   |  |                |
| <b>✓</b>   | No   |                                   |                   |  |                |
|            | Yes. Fill in the details.  |                                   |                   |  |                |
|            | •  | Where is the property?            |                   | Describe the contents                    | Value          |
|            |  |                                   |                   |  |                |
|            | Owner's Name   | NumberStreet                      |                   |  |                |
|            |  |                                   |                   |  |                |
|            | Number Street  |                                   | <u> </u>          |  |                |
|            |  |                                   |                   |  |                |
|            |  | City State                        | Zip Code          |  |                |
|            | City State Zip Code  |                                   |                   |  |                |
|            |  |                                   |                   |  |                |
| art 10:    | Give Details About Environmental In  | formation                         |                   |  |                |
| - or #1: - | numbers of Dort 10. Her fellender deficition   | Nh a                              |                   |  |                |
| or the     | purpose of Part 10, the following definitions app  | Dly:                              |                   |  |                |
| <b>=</b> / | Environmental law means any federal, state, or lo  | ocal statute or regulation concer | ming pollution, c | contamination, releases of               |                |
|            | nazardous or toxic substances, wastes, or mater  |                                   | . •               |  |                |
| '          | ncluding statutes or regulations controlling the c   | deanup of these substances, w     | astes, or materia | u.                                       |                |
|            | Site means any location, facility, or property as d  |                                   | l law, whether yo | ou now own, operate, or utilize it       |                |
| (          | or used to own, operate, or utilize it, including di   | isposal sites.                    |                   |  |                |
|            | Hazardous material means anything an environm  |                                   | us waste, hazard  | lous substance,                          |                |
| t          | oxic substance, hazardous material, pollutant, c   | ontaminant, or similar term.      |                   |  |                |
| Report a   | all notices, releases, and proceedings that you ki   | now about, regardless of when     | they occurred.    |  |                |
| •          |  | -                                 | -                 |  |                |
| 24. Ha     | s any governmental unit notified you that yo   | u mav be liable or potentiall     | v liable under o  | or in violation of an environmental law? | •              |
|            |  | •                                 |                   |  |                |
| ✓          | No   |                                   |                   |  |                |
|            | Yes. Fill in the details.  |                                   |                   |  |                |
|            |  | Governmental unit                 |                   | Environmental law, if you know it        | Date of        |
|            |  |                                   |                   |  | notice         |
|            | N  |                                   |                   |  |                |
|            | Name of site   | Governmental unit                 |                   |  |                |
|            | Number Street  | NumberStreet                      |                   |  |                |
|            |  |                                   |                   |  |                |
|            |  | City State                        | Zip Code          |  |                |
|            |  |                                   |                   |  |                |
|            | City State Zip Code  |                                   |                   |  |                |
| 5 U^       | ve you notified any governmental unit of any   | rologeo of hazardous mater        | ial?              |  |                |
| э. па      | ve you notined any governmental unit of any  | release of flazardous fliater     | iai:              |  |                |
| <b>✓</b>   | No   |                                   |                   |  |                |
|            | Yes. Fill in the details.  |                                   |                   |  |                |
| _          |  | Governmental unit                 |                   | Environmental law, if you know it        |                |
|            |  | GOVERNMENTAL UNIT                 |                   |  | Date of        |
|            |  |                                   |                   | , ,                                      | Date of notice |
|            |  |                                   |                   | , , ,                                    |                |
|            | Name of site   | Governmental unit                 |                   |  |                |
|            |  |                                   |                   |  |                |
|            | Name of site  Number Street  | Governmental unit  NumberStreet   |                   |  |                |
|            |  | NumberStreet                      | Zin Code          |  |                |
|            |  |                                   | Zip Code          |  |                |
|            |  | NumberStreet                      | Zip Code          |  |                |

## Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 48 of 66

| Debto  |          |   |                | J                                 | Н            | larris                                  | Cas                                      | e number (ii  | fknown)       |                          |                                  |
|--------|----------|---|----------------|-----------------------------------|--------------|---|--|---------------|---------------|--------------------------|----------------------------------|
|        |          | First Name                              |                | Middle Name                       | نا           | ast Name                                | _  |               |               |                          |                                  |
| 26. I  | Hav      | e you been a part                       | y in any judio | cial or administ                  | rative proce | eeding under                            | any environmer                           | ntal law? In  | clude settler | ments and orde           | ers.                             |
|        | <b>✓</b> | No<br>Yes. Fill in the def              | tails.         |                                   |              |   |  |               |               |                          |                                  |
|        |          |   |                |                                   | Court or a   | gency                                   |  | Nature (      | of the case   |                          | Status of the case               |
|        |          | Case title                              |                |                                   |              |   |  |               |               |                          | Pending                          |
|        |          |   |                |                                   | Court Name   |   |  |               |               |                          | On appeal                        |
|        |          | Case number                             |                |                                   | NumberStre   | eet                                     |  |               |               |                          | Concluded                        |
|        |          | la. a                                   | =              |                                   | City         | State                                   | Zip Code                                 |               |               |                          |                                  |
| Part 1 | 11:      | Give Details Al                         | oout Your E    | Business or C                     | onnection    | s to Any Bu                             | isiness                                  |               |               |                          |                                  |
| 27. \  | With     | nin 4 years before                      |                |                                   | -            |   | _  | _             |               | o any business           | s?                               |
|        |          |   |                |                                   | -            |   | r activity, either f<br>artnership (LLP) | ull-time or p | oart-time     |                          |                                  |
|        |          | A partner in                            |                |                                   | -, -         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,  |               |               |                          |                                  |
|        |          | _                                       |                | naging execution of the voting or | -            |   | noration                                 |               |               |                          |                                  |
|        |          | _                                       |                | _                                 |              | ides of a cor                           | poration                                 |               |               |                          |                                  |
|        |          | No. None of the a<br>Yes. Check all tha |                |                                   |              | ow for each b                           | ousiness.                                |               |               |                          |                                  |
|        |          |   |                |                                   | Desc         | ribe the nati                           | ure of the busine                        | ess           |               |                          | number Do not<br>number or ITIN. |
|        |          | Business Name                           |                |                                   | _            |   |  |               | EIN:          |                          |                                  |
|        |          | Number Street                           |                |                                   |              |   |  |               | Dates busi    | ness existed             |                                  |
|        |          | City                                    | State          | Zip Code                          | Nam          | e of account                            | ant or bookkeep                          | er            | From          | To                       |                                  |
|        |          | •                                       |                | ·                                 |              |   |  |               |               |                          |                                  |
|        |          |   |                |                                   | Desc         | ribe the nati                           | ure of the busine                        | ess           | Employer I    | dentification n          | number Do not                    |
|        |          |   |                |                                   |              |   |  |               | include So    | cial Security n          | umber or ITIN.                   |
|        |          | Business Name                           |                |                                   |              |   |  |               |               |                          |                                  |
|        |          | Number Street                           |                |                                   | Nam          | e of account                            | ant or bookkeep                          | er            | Dates busi    | ness existed             |                                  |
|        |          | City                                    | State          | Zip Code                          |              |   |  |               | From          | To                       |                                  |
|        |          |   |                |                                   |              |   |  |               |               |                          |                                  |
|        |          |   |                |                                   | Desc         | ribe the nati                           | ure of the busine                        | ess           |               |                          | number Do not                    |
|        |          | Business Name                           |                |                                   |              |   |  |               | EIN:          | 5.3. <b>5</b> 5541119 11 |                                  |
|        |          |   |                |                                   |              |   |  |               | Dotoo bust    | noon cuist a d           |                                  |
|        |          | Number Street                           |                |                                   | Nam          | e of account                            | ant or bookkeep                          | er            | Dates busi    | ness existed             |                                  |
|        |          | City                                    | State          | Zip Code                          |              |   |  |               | From          | To                       |                                  |
|        |          |   |                |                                   |              |   |  |               |               |                          |                                  |
|        |          |   |                |                                   |              |   |  |               |               |                          |                                  |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 49 of 66

| Deb  | tor 1 Emma   | J                           | Harris                         | Case number (if known)  |
|------|--|-----------------------------|--------------------------------|---|
|      | First Name   | Middle Name                 | Last Name                      |   |
| 28.  | creditors, or other partie                               |                             | ou give a financial stateme    | nt to anyone about your business? Include all financial institutions,   |
|      | ✓ No  Yes. Fill in the details                           | below.                      |                                |   |
|      | _  |                             | Date issued                    |   |
|      | Name   |                             | MM/DD/YYYY                     |   |
|      | Number Street  |                             | <u> </u>                       |   |
|      |  |                             | _                              |   |
|      | City   | State Zip Code              |                                |   |
| Pari | t 12: Sign Below   |                             |                                |   |
| 1    | true and correct. I underst<br>a bankruptcy case can res | and that making a false sta | atement, concealing proper     | ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |  | of Debtor 1                 |                                | Signature of Debtor 2   |
|      | Date 11/   |                             |                                | Date  |
| _    |  |                             |                                |   |
|      | Did you attach additional                                | pages to Your Statement o   | T Financial Aπairs for Individ | luals Filing for Bankruptcy (Official Form 107)?  |
|      | <b>✓</b> No  |                             |                                |   |
|      | Yes  |                             |                                |   |
| ı    | Did you pay or agree to pa                               | y someone who is not an a   | ttorney to help you fill out b | ankruptcy forms?  |
|      | <b>✓</b> No  |                             |                                |   |
| l    | Yes. Name of person                                      |                             |                                | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 50 of 66

| Fill in this information to identify your case: |            |             |                      |  |  |
|---|------------|-------------|----------------------|--|--|
| Debtor 1  | Emma       | J           | Harris               |  |  |
|   | First Name | Middle Name | Last Name            |  |  |
| Debtor 2  |            |             |                      |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |
|   |            |             | (State)              |  |  |
| Case number (If known)                          |            |             |                      |  |  |

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral Did you claim the property What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: CB/ROOMPLCE Retain the property and redeem it. Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: CreditCard Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 51 of 66

| Debtor  | Emma  | J                         | Harris                   | Case number (if   |
|---------|---|---------------------------|--------------------------|---|
| 1       | First Name  | Middle Name               | Last Name                | known)  |
| Part 2: | List Your Unexpire                                  | ed Personal Property Leas | es                       |   |
| informa | tion below. Do not list                             |                           | l leases are leases that | Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| Des     | scribe your unexpired                               | personal property leases  |                          | Will the lease be assumed?  |
| Les     | sor's name:   |                           |                          | □ No □ Yes  |
|         | scription of leased<br>perty:                       |                           |                          |   |
| Les     | sor's name:   |                           |                          | No Yes  |
|         | scription of leased<br>perty:                       |                           |                          |   |
| Les     | sor's name:   |                           |                          | No Yes  |
|         | scription of leased<br>perty:                       |                           |                          |   |
| Les     | ssor's name:  |                           |                          | □ No □ Yes  |
|         | scription of leased<br>perty:                       |                           |                          |   |
| Les     | sor's name:   |                           |                          | □ No □ Yes  |
|         | scription of leased<br>perty:                       |                           |                          |   |
| Les     | sor's name:   |                           |                          | □ No □ Yes  |
|         | scription of leased<br>perty:                       |                           |                          |   |
| Les     | ssor's name:  |                           |                          | □ No □ Yes  |
|         | scription of leased perty:                          |                           |                          |   |
| Part 3: | Sign Below  |                           |                          |   |
|         | er penalty of perjury, l<br>erty that is subject to |                           | my intention about any   | property of my estate that secures a debt and any personal  |
| ×       | /s/ Emma Harris                                     |                           | *                        |   |
| S       | ignature of Debtor 1                                |                           | Sig                      | nature of Debtor 2  |
| D       | ate 11/1/2017<br>MM/DD/YYYY                         |                           | Da                       | e MM/DD/YYYY  |

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 52 of 66

B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

|       |  | nortnern                | District of Illinois                |                       |                      |
|-------|--|-------------------------|-------------------------------------|-----------------------|----------------------|
| In re | Emma J Harris  |                         | Case No                             | 0.                    |                      |
| _     | Debtor   |                         |                                     | (If                   | known)               |
|       |  |                         | Chapter                             | Ch_                   | apter 7              |
| 1.    | DISCLOSURE OF (  |                         |                                     |                       |                      |
|       | compensation paid to me within one rendered or to be rendered on behalf                                  | year before the filing  | of the petition in bankruptcy, or a | agreed to be paid to  | me, for services     |
|       | For legal services, I have agreed to ac  | cept                    |                                     |                       | \$1,750.00           |
|       | Prior to the filing of this statement I h  | ave received            |                                     |                       | \$0.00               |
|       | Balance Due  |                         |                                     |                       | \$1,750.00           |
| 2     | . The source of the compensation paic  | to me was:              |                                     |                       |                      |
|       | <b>✓</b> Debtor  | Other (s                | oecify)                             |                       |                      |
| 3     | . The source of the compensation paic  | to me is:               |                                     |                       |                      |
|       | <b>✓</b> Debtor  | Other (s                | pecify)                             |                       |                      |
| 4     | I have not agreed to share the abmembers and associates of my la   |                         | nsation with any other person ur    | nless they are        |                      |
|       | I have agreed to share the above-<br>members or associates of my law<br>the people sharing in the compet | firm. A copy of the a   |                                     |                       |                      |
| 5     | . In return for the above-disclosed fee,   | I have agreed to rend   | er legal service for all aspects of | the bankruptcy case   | e, including:        |
|       | <ul> <li>a. Analysis of the debtor's finan<br/>bankruptcy;</li> </ul>                                    | cial situation, and ren | dering advice to the debtor in de   | termining whether to  | o file a petition in |
|       | b. Preparation and filing of any p   | petition, schedules, st | atements of affairs and plan which  | ch may be required;   |                      |
|       | c. Representation of the debtor  | at the meeting of cred  | litors and confirmation hearing, a  | and any adjourned h   | earings thereof;     |
| 6     | . By agreement with the debtor(s), the   | above-disclosed fee d   | loes not include the following se   | rvices:               |                      |
|       |  |                         |                                     |                       |                      |
|       |  | CEF                     | RTIFICATION                         |                       |                      |
|       | certify that the foregoing is a complet tor(s) in this bankruptcy proceedings.                           | e statement of any ag   | reement or arrangement for payn     | nent to me for repres | sentation of the     |
|       | 11/1/2017  |                         | /s/ Elizabeth Place                 | ek                    |                      |
|       | Date   |                         | Signature of Attorne                | еу                    |                      |
|       |  |                         | Semrad Law Firm                     |                       |                      |
|       |  |                         | Name of law firm                    |                       |                      |
|       |  |                         |                                     |                       |                      |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 57 of 66

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Harris, Emma J | Case No   |                                     |
|-----------------|----------------|---|-------------------------------------|
|                 | Debtor(s)      | Case NO.  |                                     |
|                 |                | Chapter   | Chapter7                            |
|                 | VERIFIC        | CATION OF CREDITOR MAT                                    | RIX                                 |
| Ti<br>knowledge |                | y that the attached list of creditors is tru              | ue and correct to the best of their |
| Date:           | 11/1/2017      | /s/ Harris, Emma J<br>Harris, Emma J<br>Signature of Debt |                                     |

CHASE CARD BANK ONE CARD SERV 2500 WESTFIELD DRI ELGIN, IL, 60124

CB/ROOMPLCE 4653 E MAIN ST COLUMBUS, OH, 43251

SYNCB/WALMAR PO BOX 965024 EL PASO, TX, 79998

DIVERSIFIED Po Box 1391 Southgate, MI, 48195

CELTIC/CONT POB 8099 NEWARK, DE, 19714

CB/CARSONS PO Box 659813 San Antonio, TX, 78265

MABT/MILSTNE PO BOX 4499 BEAVERTON, OR, 97076

I C SYSTEM Po Box 64378 Saint Paul, MN, 55164

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

ComEd - PO Box 6111 PO Box 6111 Carol Stream, IL, 60197

Illinois Dept of Human Services 100 S Grand Ave Springfield, IL, 62704

# CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1750.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

#### Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 60 of 66

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

| Date: 10/16/       | 2017  | , •      | * |
|--------------------|-------|----------|---|
| Client <u>€y</u> ¥ | metho | Client _ |   |
| Attorney           |       |          |   |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 61 of 66

| Debtor 1     | ****  | J  | Harris                           | Case number (//known)   |                    |
|--------------|---|--|----------------------------------|---|--------------------|
|              | First Name  | Middle Name  | Last Name                        |   |                    |
| 28. With cre | thin 2 years before you file<br>ditors, or other parties. | ed for bankruptcy, did y   | ou give a financial statement    | to anyone about your business? Include all fina   | ncial institutions |
| Z-cuest      | Yes. Fill in the details bel                              | ow.  |                                  |   |                    |
| ikmund       |   |  | Date issued                      |   |                    |
|              | Name  | And the second s | MM/DD/YYYY                       |   |                    |
|              | Number Street   |  | _                                |   |                    |
|              | City State  | Zip Code   | _                                |   | •                  |
| Part 12:     | Sign Below /  |  |                                  |   |                    |
|              | kruptcy case can result i                                 | Itaris Evan  |                                  | s, and I declare under penalty of perjury that the or obtaining money or property by fraud in convears, or both. 18 U.S.C. §§ 152, 1341, 1519, an |                    |
|              | Signature of De   | ebtor 1  | 1 mg                             | Signature of Debtor 2   | ***                |
| `            | Date 10/16/20   | 17   |                                  | Date  |                    |
| Did yo       | ou attach additional page                                 | s to Your Statement of   | Financial Affairs for Individual | s Filing for Bankruptcy (Official Form 107)?  |                    |
| IJI N        |   |  |                                  | or ming to build opicy (omeign rottle 107);   |                    |
|              | es  |  |                                  |   |                    |
| Did yo       | ou pay or agree to pay son                                | neone who is not an att  | orney to help you fill out bank  | ruptcy forms?   |                    |
| Z N          |   |  |                                  |   |                    |
| I Y          | es. Name of person  |  |                                  | Attach the Bankruptcy Petition Preparer's Notice<br>Declaration, and Signature (Official Form 119).   | ⊋,                 |

EH

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 62 of 66

| Debtor 1 Emma First Name  |  | Harris<br>Last Name  | Case number (if known)   | ·   |
|---|--|--|--|---|
| മണ്ട് Answer These Qu   | estions for Reporting Purposes   |  |  |   |
| <sup>16.</sup> What kind of debts do<br>you have?   | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily money for a business or in No. Go to line 16c. Yes. Go to line 17.  16c. State the type of debts yo  | primarily for a personal business debts? Business debts?   | , family, or household<br>ness debts are debts th<br>ne operation of the bus   | purpose."  at you incurred to obtain siness or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☑ No.  |  | ter any exempt property<br>stribute to unsecured cr  | vis excluded and administrative editors?  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | 7 1-49<br>50-99<br>100-199<br>200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,00  | £  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you<br>estimate your assets<br>to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$<br>\$10,000,001-<br>\$50,000,001-<br>\$100,000,001  | \$50 million   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion  |
| 20. How much do you<br>estimate your<br>liabilities to be?<br>Parist: Sign Below  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$<br>\$10,000,001-<br>\$50,000,001-<br>\$100,000,001  | \$50 million<br>\$100 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion  |
|   | of title 11, United States Code. I under Chapter 7.  If no attorney represents me and out this document, I have obtain I request relief in accordance wit I understand making a false state connection with a bankruptcy caboth. 18 J.S.C. §§ 152, 1341, 1  J. J | apter 7, I am aware that I understand the relief at I did not pay or agree the and read the notice of the chapter of title 11 ement, concealing propase can result in fines up | I may proceed, if eligibly ailable under each choose pay someone who is required by 11 U.S.C., United States Code, erty, or obtaining monoto \$250,000, or improcessory. | ole, under Chapter 7, 11,12, or 13 apter, and I choose to proceed not an attorney to help me fill § 342(b).  specified in this petition. ey or property by fraud in isonment for up to 20 years, or |
|   | Executed on 10/16/2017 MM / DD   | /  | Executed on  | MM / DD / YYYY  |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 63 of 66

| Fill in this info               | rmation to identify you                                 | Case:                                   |  |  |                                      |
|---------------------------------|---|---|--|--|--------------------------------------|
| Debtor 1                        | Emma  | J                                       | Harris                                     |  |                                      |
| 2.11                            | First Name  | Middle Name                             | Last Name                                  | **************************************                     |                                      |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name                             | Last Name                                  |  |                                      |
| United States                   | Sankruptcy Court for the                                |   | District of Illinois                       |  |                                      |
|                                 |   |   | (State)                                    | <del></del>  |                                      |
| Case number<br>(If known)       | ***************************************                 |   |  |  |                                      |
| Official                        | Form 106D   | ec                                      |  |  | Check if this is a<br>amended filing |
| Declarat                        | ion About ar  | n Individual Debto                      | r's Schedule                               | S  | . 12/1                               |
| If two married                  | people are filing toge                                  | ther, both are equally respons          | ible for supplying corre                   | ct information.  |                                      |
|                                 | ay or agree to pay sor                                  | neone who is NOT an attorney            | r to help you fill out ban                 | kruptcy forms?   |                                      |
| Yes.                            | Name of person  | *************************************** | Attach Bankruptcy<br>Signature (Official F | Petition Preparer's Notice, Declaration, and<br>Form 119). |                                      |
| /s/ Emma<br>Signature of        | are true and correct.  a Harris EMM of Debtor 1  6/2017 | are that I have read the summ           | X<br>Signature<br>Date                     | e of Debtor 2  |                                      |
| MM                              | /DD/YYYY  |   | M  | M/DD/YYYY  | 1                                    |



# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 64 of 66

| Debtor Emma  | J  | Harris   | Case number (if   |
|--|--|--|---|
| 1 First Name   | Middle Name  | Last Name  | known)  |
| EEG24 List Your Unexpired  | d Personal Property Leas   | ses  |   |
| For any unexpired personal pro<br>information below. Do not list<br>assume an unexpired personal | real estate leases. Unexpire   | d leases are leases that :                         | Contracts and Unexpired Leases (Official Form 196G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| Describe your unexpired p  | ersonal property leases  | Will the lease be assumed?                         |   |
| Lessor's name:   |  | No<br>Second Yes                                   |   |
| Description of leased property:  |  |  | Bound   |
| Lessor's name:   |  |  | No Yes  |
| Description of leased property:  |  |  |   |
| Lessor's name:   |  |  | No No Yes   |
| Description of leased property:  |  |  |   |
| Lessor's name:   |  | Norm 1 min 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m | ☐ No<br>☐ Yes   |
| Description of leased property:  |  |  |   |
| Lessor's name:   |  |  | ☐ No<br>☐ Yes   |
| Description of leased property:  |  |  |   |
| Lessor's name:   |  |  | No<br>Yes   |
| Description of leased property:  |  |  |   |
| Lessor's name:   |  |  | No<br>Yes   |
| Description of leased property:  | AND CONTRACT |  |   |
| Partes: Sign Below   |  | •  |   |
| Under penalty of perjury, I de<br>property that is subject to an                                 | eclare that I have indicated in unexpired lease.   | my intention about any p                           | roperty of my estate that secures a debt and any personal   |
| Signature of Debtor 1  | maylan   | NO X   | ature of Debtor 2   |
| Date 10/16/2017<br>MM/DD/YYYY  |  | Date   | MM/DD/YYYY  |

Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 65 of 66

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:          | Harris, Emma J                     | Ones No  |                                     |
|-----------------|------------------------------------|--|-------------------------------------|
|                 | Debtor(s)                          | Case No  |                                     |
|                 |                                    | Chapter.   | Chapter7                            |
|                 | VE                                 | RIFICATION OF CREDITOR MAT                       | RIX                                 |
| Ti<br>knowledge | he above named Debtors hereb<br>e. | verify that the attached list of creditors is tr | ue and correct to the best of their |
|                 |                                    |  |                                     |
| Date:           | 10/16/2017                         | /s/Harris, Emma                                  | · Emme Lames                        |
|                 |                                    | flarris, Emma J<br>Signature of Deb              |                                     |
|                 | •                                  | <b></b>  | Ψ Ψ                                 |

# Case 17-32790 Doc 1 Filed 11/01/17 Entered 11/01/17 10:18:23 Desc Main Document Page 66 of 66

| Debtor 1  |   | J  | Harris   | Case numbe                    | t (if known) |   |  |
|---|---|--|--|-------------------------------|--------------|---|--|
|   | First Name  | Middle Name  | £ast Name  | Column A<br>Debtor 1          |              | Column B Debtor 2 or non-filing spot    | ISB  |
| 8.Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  4   |   |  |  | \$0.00                        |              |   | <del></del>  |
| For y   | ouour spouse  |  | \$1,152.00<br>\$0.00   |                               |              |   |  |
| 9.Pens  | ion or retirement income.<br>fit under the Social Security A  | Do not include any ar  | mount received that was  | s a \$0.00                    |              |   |  |
| 10. <b>inc</b> o<br>amou<br>paym<br>intern  | ome from all other sources<br>int. Do not include any bene<br>ents received as a victim of<br>ational or domestic terrorism<br>and put the total below. | s not listed above. Sp<br>efits received under the<br>a war crime, a crime a | Social Security Act or painst humanity or  | e                             |              |   |  |
| Other   | Government Assistance   | · · · · · · · · · · · · · · · · · · ·  |  | \$115.00                      |              |   |  |
| Total   | amounts from separate pag   | es, if any.  |  | +\$0.00                       | ı r          | 4                                       |  |
| 11. Cal   | culate your total current i   | monthly income. Add  | l lines 2 through 10 for   | \$115.00                      | +            |   | \$115.00   |
|   | umn. Then add the total for   | Column A to the total  | for Column B.  |                               |              |   |  |
|   |   |  |  |                               |              |   | Total current monthly income   |
| THE RESERVE THE PARTY OF  | Determine Whether th  |  | NAME OF THE OWNER OWNER OF THE OWNER OWNE |                               |              |   | Warping Control of Con |
|   | ulate your current month!<br>Copy your total current mon  |  | 4 4  |                               | Conv line    | e 11 here                               | Disc. on   |
|   | Multiply by 12 (the number  |  |  |                               | Coopy ime    | : II ileie <del>- ;</del>               | \$115.00<br>X 12   |
| 12b.  | The result is your annual inc   | ome for this part of th  | e form.  |                               |              |   | 12b. \$1,380.00  |
| 13 Calcu  | late the median family inc  | come that applies to   | you. Follow these step   | s:                            |              |   |  |
| Fill in   | the state in which you live.  |  | Illinois   |                               |              |   |  |
| Fill in   | the number of people in you   | ır household.  | 1  |                               |              |   |  |
| Fill in<br>house  | the median family income fo<br>shold.   | r your state and size (  | of   |                               |              |   | 13. \$50,765,00  |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  14. How do the lines compare? |   |  |  |                               |              |   |  |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.   |   |  |  |                               |              |   |  |
| 14b.  | Line 12b is more than ling Go to Part 3 and fill out  | ne 13. On the top of p<br>Form 122A-2.                                       | page 1, check box 2, Th  | e presumption of abuse is de  | termined b   | oy Form 122A-2                          |  |
| Pari 8F   | Sign Below  | - 4  |  |                               |              |   |  |
| By si   | gning pere, I declare under p   | penalty of perjury that  | the information on this  | statement and in any attachm  | ents is tru  | e and correct.                          |  |
| ×   | Is Emma Harris  | nnanl  | In an  | <b>~</b>                      |              |   |  |
|   | ignature of Debtor 1  | * CI - Conf  | IUVVO  | Signature of Debtor 2         |              | *************************************** |  |
| D   | ate 10/16/2017<br>MM/DD/YYYY  |  |  | Date 10/16/2017<br>MM/DD/YYYY |              |   |  |
| if y  | rou checked line 14a, do NC<br>rou checked line 14b, fill out   | T fill out or file Form 1<br>Form 122A-2 and file                            | 122A-2.<br>it with this form,  |                               |              |   |  |